

Executive Summary Form

Agenda Number: HLT

Recommendation:

Approve the new Medical Group Participation Agreement between Cochise County and United Healthcare, effective for a period of three years and can be automatically renewed for subsequent one-year periods. The Agreement may be terminated at the end of the initial term or any renewal term with 90 days' written notice.

Background:

United Healthcare was awarded the AHCCCS contract for Cochise County effective 10/1/13, replacing Mercy Care. In order for Cochise County to continue billing AHCCCS for children's vaccines, this contract is necessary.

Radi Ann Porter (Director of Nursing) has reviewed and is satisfied with the Participation Agreement from an operational perspective, and Terry Bannon has reviewed and is satisfied from a legal standpoint.

Fiscal Impact & Funding Sources: By executing this contract with United Healthcare, Cochise County will be able to continue to bill AHCCCS for United Healthcare's members in Cochise County.

Next Steps/Action Items/Follow-up:

Your approval is respectfully requested.

Impact of Not Approving:

Not approving this Participation Agreement will prevent Cochise County from collecting for services provided to certain AHCCCS members in the county.

INTRODUCTION

Our agreement consists of this contract, the appendices, and the additional materials we reference in the attached Appendix 1.

Guiding principles

We strive to operate in accordance with the following principles:

- *We want to work together with America's best physicians to improve the health care experience of our customers.*
- *We respect and support the physician/patient relationship while adhering fairly to the contract for benefits we provide our customers.*
- *Whether a particular treatment is covered under a benefit contract should not determine if the treatment is provided. Physicians and health care professionals should provide the care they believe is necessary regardless of coverage.*
- *You should discuss treatment options with patients regardless of coverage. We encourage that communication.*
- *Physicians should describe any factors that could affect their ability to render appropriate care. Matters such as professional training, financial incentives, availability constraints, religious or philosophical beliefs, and similar matters are all things that a physician should consider discussing with a patient. We encourage these communications. We urge full disclosure.*
- *Fairness and efficiency will govern the ways in which we administer our products. We will make our determinations promptly. Our commitments to our customers will be clear. We will honor our agreements. When it comes to coverage determinations, the language of the benefit contract will take precedence.*

Next steps

Please read this agreement. If you have questions, write to or call:

UnitedHealthcare
Network Contract Support
1311 W. President George Bush Highway, Suite 100
Mail Route: TX023-1000
Richardson, TX 75080-9870
(866) 574-6088

You can visit our website at www.uhcommunityplan.com for additional details on items described in the agreement. If the agreement is acceptable to you, please sign both of the enclosed copies of the contract, and send both copies to the address above.

MEDICAL GROUP CONTRACT

UnitedHealthcare Insurance Company is entering into this agreement with you. It is doing so on behalf of itself, Arizona Physicians IPA, Inc., and its other affiliates for certain products and services we offer our customers, all of which we describe in the attached Appendix 2.

This agreement applies to you and to your professional staff (the physicians and other professionals who are your employees, or your independent contractors providing services to your patients, and who are subject to credentialing by us) and the services you provide at the locations in the attached Appendix 4. When this agreement refers to "you", it also refers to your professional staff. Your professional staff is bound to the same requirements of this agreement as you are. You represent to us that you have the authority to bind your professional staff to this agreement.

What you will do

You need to be credentialed in accordance with our Credentialing Plan, as referenced in Appendix 1, for the duration of this agreement.

You must notify us in a timely manner about certain services you provide in accordance with our Administrative Guide so that we can provide our customers with the services we have committed to provide. If you do not so notify us about these services, you will not be reimbursed for the services, and you may not charge our customer.

Within one year of the effective date of this agreement, you must conduct business with us entirely on an electronic basis to the extent that we are able to conduct business electronically (described in the Administrative Guide), including but not limited to determining whether your patient is currently a customer, verifying the customer's benefit, and submitting your claim. We will communicate enhancements in www.uhccommunityplan.com functionality as they become available and will make information available to you as to which products are supported by www.uhccommunityplan.com.

You must submit your claims within 90 days of the date of service. After we receive your claim, if we request additional information in order to process your claim, you must submit this additional information within 90 days of our request. If your claim or the additional information is not submitted within these timeframes, you will not be reimbursed for the services, and you may not charge our customer.

You will submit claims only for services performed by you or your staff. Pass through billing is not payable under this agreement and may not be billed to our customer. For laboratory services, you will only be reimbursed for the services that you are certified through the Clinical Laboratory Improvement Amendments (CLIA) to perform, and you must not bill our customers for laboratory services for which you are not certified.

You will submit claims that supply all applicable information. These claims are complete claims. Further information about complete claims is provided in our Administrative Guide.

If you disagree with our payment determination on a claim, you may submit an appeal as described in our Administrative Guide.

You will not charge our customers anything for the services you provide, if those services are covered services under their benefit contract, but the applicable co-pay, coinsurance or deductible amount. If the services you provide are denied or otherwise not paid due to your failure to notify us, to file a timely claim, to submit a complete claim, to respond to our request for information, or based on our reimbursement policies and methodologies, you may not charge our customer. If the services you provide are denied for reason of not being medically necessary, you may not charge our customer unless our customer has, with knowledge of our determination of a lack of medical necessity, agreed in writing to be responsible for payment of those charges. If the services you provide are not covered under our customer's benefit contract, you may, of course, bill our customer directly. You will not require a customer to pay a "membership fee" or other fee in order to access you for covered services (except for co-payments, coinsurance and/or deductibles provided for under the customer's benefit contract) and will not discriminate against any customer based on the failure to pay such a fee.

You will cooperate with our reasonable requests to provide information that we need. We may need this information to perform our obligations under this agreement, under our programs and agreements with our customers, or as required by regulatory or accreditation agencies.

You will refer customers only to other network physicians and providers, except as permitted under our customer's benefit contract, or as otherwise authorized by us or the participating entity.

You must submit your claims within 90 days of the date of service. After we receive your claim, if we request additional information in order to process your claim, you must submit this additional information within 90 days of our request. If your claim or the additional information is not submitted within these timeframes, you will not be reimbursed for the services, and you may not charge our customer.

You will submit claims only for services performed by you or your staff. Pass through billing is not payable under this agreement and may not be billed to our customer. For laboratory services, you will only be reimbursed for the services that you are certified through the Clinical Laboratory Improvement Amendments (CLIA) to perform, and you must not bill our customers for laboratory services for which you are not certified.

You will submit claims that supply all applicable information. These claims are complete claims. Further information about complete claims is provided in our Administrative Guide.

If you disagree with our payment determination on a claim, you may submit an appeal as described in our Administrative Guide.

You will not charge our customers anything for the services you provide, if those services are covered services under their benefit contract, but the applicable co-pay, coinsurance or deductible amount. If the services you provide are denied or otherwise not paid due to your failure to notify us, to file a timely claim, to submit a complete claim, to respond to our request for information, or based on our reimbursement policies and methodologies, you may not charge our customer. If the services you provide are denied for reason of not being medically necessary, you may not charge our customer unless our customer has, with knowledge of our determination of a lack of medical necessity, agreed in writing to be responsible for payment of those charges. If the services you provide are not covered under our customer's benefit contract, you may, of course, bill our customer directly. You will not require a customer to pay a "membership fee" or other fee in order to access you for covered services (except for co-payments, coinsurance and/or deductibles provided for under the customer's benefit contract) and will not discriminate against any customer based on the failure to pay such a fee.

You will cooperate with our reasonable requests to provide information that we need. We may need this information to perform our obligations under this agreement, under our programs and agreements with our customers, or as required by regulatory or accreditation agencies.

You will refer customers only to other network physicians and providers, except as permitted under our customer's benefit contract, or as otherwise authorized by us or the participating entity.

What we will do

We or the other applicable participating entity will promptly adjudicate and pay your complete claim for services covered by our customer's benefit contract. If you submit claims that are not complete,

- You may be asked for additional information so that your claim may be adjudicated; or
- Your claim may be denied and you will be notified of the denial and the reason for it; or
- We may in our discretion attempt to complete the claim and have it paid by us or the other applicable participating entity based on the information that you gave in addition to the information we have.

If governing law requires us to pay interest or another penalty for a failure to pay your complete claim for covered services within a certain time frame, we will follow those requirements. The interest or other penalty required by law will be the only additional obligation for not satisfying in a timely manner a payment obligation to you. In addition, if we completed a claim of yours that was not complete, there shall be no interest or other late payment obligation to you even if we subsequently adjust the payment amount based on additional information that you provide.

The applicable participating entity will reimburse you for the services you deliver that our customer's benefit contract covers. The amount you receive will be based on the lesser of your billed charges or our fee schedule, which is described at Appendix 1 and is subject to the reimbursement (coding) policies and methodologies of us and the participating entities. Our reimbursement policies and methodologies are updated periodically and will be made available to you online or upon request. To request a copy of our reimbursement policies and methodologies, write to UnitedHealthcare, Network Contract Support, 1311 W. President George Bush Highway, Suite 100, Mail Route: TX023-1000, Richardson, TX 75080-9870. Your reimbursement is also subject to our rules concerning retroactive eligibility, subrogation and coordination of benefits (as described in the Administrative Guide). We recognize CPT reporting guidelines as developed by the American Medical Association, as well as ICD diagnostic codes and hospital-based revenue codes. Following these guidelines does not imply a right to reimbursement for all services as coded or reported.

Ordinarily, fee amounts listed in the Payment Appendix(ices) are based upon primary fee sources. We reserve the right to use gap-fill fee sources where primary fee sources are not available.

We routinely update our fee schedule in response to additions, deletions and changes to CPT codes by the American Medical Association, price changes for immunizations and injectable medications, and in response to similar changes (additions and revisions) to other service coding and reporting conventions that are widely used in the health care industry, such as those maintained by the Centers for Medicare and Medicaid Services (for example HCPCS, etc.). Ordinarily, our fee schedule is updated using similar methodologies for similar services. We will not generally attempt to communicate routine maintenance of this nature and will generally implement updates within 90 days from the date of publication.

We will give you 90 days written or electronic notice of non-routine fee schedule changes which will

substantially alter the overall methodology or reimbursement level of the fee schedule. In the event such changes will reduce your overall reimbursement under this agreement, you may terminate this agreement by giving 60 days written notice to us, provided that the notice is given by you within 30 days after the notice of the fee schedule change.

If either of us believes that a claim has not been paid correctly, either of us may seek correction of the payment within a 12-month period following the date the claim was paid, except that overpayments as a result of abusive or fraudulent billing practices may be pursued by us beyond the 12-month time frame mentioned above. In the event of an overpayment, we will correct these errors by adjusting future claim payment and/or by billing you for the amount of the overpayment.

Your professional staff and Practice Locations

You represent to us that all of the members of your professional staff, as of the date you executed this agreement, are listed in Appendix 3. All of the members of your professional staff will participate in our network through this agreement, except in cases in which one of your professional staff is not accepted for participation or is removed from participation under our credentialing program, or removed from participation by us immediately due to that professional being sanctioned by any governmental agency or authority (including Medicare or Medicaid), or having lost a license to provide all or some of the professional services under this agreement, or no longer having hospital admitting privileges in any participating hospital. Your professional staff will cooperate with our credentialing program.

If a new professional joins your professional staff, you will give us 60 days notice and provide the information included in Appendix 3. You will assure that the new professional will promptly submit a credentialing application to us (unless the new professional is already credentialed with us) and cooperate with our credentialing program.

You will assure that a member of your professional staff who has not been approved or is not in good standing under our credentialing program will not provide covered services to our customers. In the event that professional does provide covered services, you will not bill us, our customer, or anyone acting on our customer's behalf for the service, and you will assure that the professional also does not bill for the service.

If a professional leaves your professional staff, you will notify us within ten business days after you become aware that the professional will leave. The notice will include the date that the professional will depart from your professional staff. If you know the future contact information for the professional and whether the professional will continue to practice after leaving your professional staff, you will make reasonable commercial efforts to include that information in the notice and will provide that information to us if we request it.

This agreement applies to your practice locations identified in Appendix 4. If you begin providing services at other locations (either by opening such locations yourself, or by acquiring, merging or coming under common ownership and control with an existing provider of services that was not already under contract with us or one of our affiliates to participate in a network of health care providers), those additional locations will become subject to this agreement 30 days after we receive notice from you.

If you acquire or are acquired by, merged with, or otherwise become affiliated with another provider of health care services that is already under contract with us or one of our affiliates to participate in a network of health care providers, this agreement and the other agreement will each remain in effect and

will continue to apply as they did prior to the acquisition, merger or affiliation, unless otherwise agreed to in writing by all parties to those agreements.

If you decide to transfer some or all of your assets to another entity, and the result of the transfer would be that all or some of the services subject to this agreement would be rendered by the other entity rather than by you, you must first request that we approve an assignment of this agreement as it relates to those services and the other entity must agree to assume this agreement.

How long our agreement lasts; how it gets amended; and how it can end

Assuming you are credentialed by us, and we execute this agreement, you will receive a copy from us with the effective date noted below the signature block. It continues until one of us terminates it.

We can amend this agreement or any of the appendices on 90 days written or electronic notice by sending you a copy of the amendment. Your signature is not required to make the amendment effective. However, if you do not wish to continue your participation with our network as changed by an amendment that is not required by law or regulation but that includes a material adverse change to this agreement, then you may terminate this agreement on 60 days written notice to us so long as you send this termination notice within 30 days of your receipt of the amendment.

In addition, this agreement has an initial term of three years, and it will automatically renew after the initial term, for renewal terms of one year each. Either you or we can terminate this agreement, effective at the end of the initial term or effective at the end of any renewal term, by providing at least 90 days prior written notice. Either you or we can terminate this agreement at any time if the other party has materially breached this agreement, by providing 60 days written notice, except that if the breach is cured before our agreement ends, the agreement will continue.

Either of us can immediately terminate this agreement if the other becomes insolvent or has bankruptcy proceedings initiated.

Finally, we can immediately terminate this agreement if any governmental agency or authority (including Medicare or Medicaid) sanctions you.

We both agree that termination notices under this agreement must be sent by certified mail, return receipt requested, to UnitedHealthcare, Network Contract Support, 1311 W. President George Bush Highway, Suite 100, Mail Route: TX023-1000, Richardson, TX 75080-9870, or to the post office address you provided us. We both will treat termination notices as "received" on the third business day after they are sent.

About data and confidentiality

We agree that your medical records do not belong to us. You agree the information contained in the claims you submit is ours. We both will protect the confidentiality of our customers' information in accordance with applicable state and federal laws, rules, and regulations.

We are both prohibited from disclosing to third parties any fee schedule or rate information. There are three exceptions:

- You can disclose to our customer information relating to our payment methodology for a service the customer is considering (e.g., global fee, fee for service), but not specific rates (unless for purposes of benefit administration).
- We and the participating entities may use this information to administer our customers' benefit contracts and to pay your claims. We also may permit access to information by auditors and other consultants who need the information to perform their duties, subject to a confidentiality agreement.
- We both may produce this information in response to a court order, subpoena or regulatory requirement to do so, provided that we use reasonable efforts to seek to maintain confidential treatment for the information, or to a third party for an appropriate business purpose, provided that the disclosure is pursuant to a confidentiality agreement and the recipient of the disclosure is not a competitor of either of us.

What if we do not agree

We will resolve all disputes between us by following the dispute procedures set out in our Administrative Guide. If either of us wishes to pursue the dispute beyond those procedures, they will submit the dispute to binding arbitration in accordance with the Commercial Dispute Procedures of the American Arbitration Association (see <http://www.adr.org>) within one year.

We both expressly intend that any dispute between us be resolved on an individual basis so that no other dispute with any third party(ies) may be consolidated or joined with our dispute. We both agree that any arbitration ruling by an arbitrator allowing class action arbitration or requiring consolidated arbitration involving any third party(ies) would be contrary to our intent and would require immediate judicial review of such ruling. The arbitrator will not vary the terms of this agreement and will be bound by governing law. We both acknowledge that this agreement involves interstate commerce, and is governed by the Federal Arbitration Act, 9 U.S.C. § 1 et seq. The arbitrator will not have the authority to award punitive or exemplary damages against either of us, except in connection with a statutory claim that explicitly provides for such relief. Arbitration will be conducted in Maricopa County, AZ.

If a court allows any litigation of a dispute to go forward, we both waive rights to a trial by jury with respect to that litigation, and the judge will be the finder of fact. Any provision of this agreement that is invalid or unenforceable shall not affect the validity or enforceability of the remaining provisions of this agreement or the validity or enforceability of the offending provision in any other situation or in any other jurisdiction. This section of the agreement shall survive and govern any termination of this agreement.

What is our relationship to one another

You are an independent contractor. This means we do not have an employer-employee, principal-agent, partnership, joint venture, or similar arrangement. It also means that you make independent health care treatment decisions. We do not. We do not reserve any right to control those treatment decisions. It further means that each of us is responsible for the costs, damages, claims, and liabilities that result from our own acts.

You will look to the applicable participating entity for reimbursement for the products and services under our agreement. This means that we are not financially responsible for claims payment for groups that are self-funded or that are not affiliated with us.

We may assign this agreement to any entity that is an affiliate of UnitedHealthcare Insurance Company at the time of the assignment.

This is it

This contract, the appendices and the items referenced in the attached Appendix 1, constitute our entire understanding. It replaces any other agreements or understandings with regard to the same subject matter - - oral or written - - that you have with us or any of our affiliates.

Federal law and the applicable law of the jurisdiction where you provide health care services govern our agreement. Such laws and the rules and regulations promulgated under them, when they are applicable, control and supersede our agreement. The Regulatory Appendix referenced in Appendix 1, and any attachment to it, is expressly incorporated to govern our agreement and is binding on both of us. In the event of any inconsistent or contrary language between the Regulatory Appendix (when it applies) and any other part of our agreement, including but not limited to appendices, amendments and exhibits, the Regulatory Appendix will control.

Conclusion

If you agree with these terms, please execute both copies of the agreement below and return them to us. With your signature, you confirm you understand the contract, including the dispute resolution procedures described in the section of this agreement entitled "What if we do not agree", the appendices and the items referenced in the attached Appendix 1.

THIS AGREEMENT CONTAINS A BINDING ARBITRATION PROVISION THAT MAY BE ENFORCED BY THE PARTIES.

AGREED BY:

Medical Group : COCHISE COUNTY HEALTH DEPT	Address to be used for giving notice under the agreement:
DBA (if applicable): COCHISE COUNTY HEALTH DEPT AND SOCIAL SERVICES	Street: 1415 W MELODY LN BLDG A
Signature:	City: BISBEE
Print Name: _____	State: AZ
Title:	Zip Code: 85603-3027
Date: _____	TIN: 866000398
E-Mail:	National Provider Identification (NPI) Number: 1215968250

UnitedHealthcare Insurance Company, on behalf of itself, Arizona Physicians IPA, Inc. and its other affiliates, as signed by its authorized representative:

Signature: _____
Print Name: _____
Date: _____
For office use only: NCST_2408_2819824_APIPA CONTRACT 878596
Month, day and year in which agreement is first effective: _____

Appendix 1

We include as part of our agreement the following additional materials that bind you and us:

Appendix 2	<p>Definitions, Products and Services This appendix sets forth definitions for our “customer” and “participating entities” as well as lists the type of benefit contracts offered to our customers.</p>
Payment Appendix(ices)	<p>Fee Information Documents include: Fee Specifications Document, Fee Schedule Sample, and Additional Information About Your Fee Schedule. Further information about the fee schedule (such as additional fee samples) can be requested by writing to UnitedHealthcare, Network Contract Support, 1311 W. President George Bush Highway, Suite 100, Mail Route: TX023-1000, Richardson, TX 75080-9870 or through our website at www.uhccommunityplan.com.</p>
Appendix 3	<p>This document provides information about the members of your professional staff.</p>
Appendix 4	<p>This document provides information about your practice locations.</p>
State Regulatory Requirements Appendix	<p>In some instances, states add requirements to our agreement that are set forth in this appendix.</p>
Medicare Regulatory Requirements Appendix	<p>(This appendix applies only if you are in our Medicare network.) Your participation in our network for customers with Medicare benefit contracts is subject to additional Medicare requirements set forth in this appendix.</p>
Medicaid and/or CHIP Regulatory Requirements Appendix(ices)	<p>(These appendix(ices) apply only if you are in our Medicaid and/or CHIP network.) Your participation in our network for customers with Medicaid or CHIP benefit contracts is subject to additional requirements set forth in this appendix.</p>
Administrative Guide	<p>We have enclosed a copy of our Administrative Guide. This guide governs the mechanics of our relationship. Our Administrative Guide may be viewed by going to www.uhccommunityplan.com. We may make changes to the guide upon 30 days electronic or written notice to you.</p> <p>For the benefit contracts for which you may provide covered services under this agreement, you are subject to additional requirements of one or more provider manuals (“Administrative Manuals”). When this Agreement refers to protocols or reimbursement policies, it is also referring to the Administrative Manuals.</p> <p>For benefit contracts subject to a particular Administrative Manual, the Administrative Manual controls if it conflicts with a provision of this agreement. However, the Additional Manual does not control where it conflicts</p>

with applicable statutes and regulations.

The Administrative Manuals will be made available to you on a designated website and upon request. The names of the Administrative Manuals, the websites to view and download them, and the benefit contracts to which they apply, are listed in Table 1 below. We may change the location of a website or the customer identification card identifier used to identify customers subject to a given Administrative Manual; if we do so, we will inform you.

We will notify you of any changes in the location of the Administrative Manuals. You may request a copy of the Administrative Manual(s). We may make changes to the Administrative Manuals in accordance with the provisions of this agreement relating to protocol and reimbursement policy changes.

Type of Benefit Contract	Description of Applicable Administrative Manual	Website
UnitedHealthcare Community Plan Medicare Advantage Benefit Contracts	UnitedHealthcare Community Plan Physician, Health Care Professional, Facility and Ancillary Provider Administrative Guide for Medicare	www.uhccommunityplan.com
Arizona Medicaid and CHIP Benefit Contracts	UnitedHealthcare Community Plan Physician, Health Care Professional, Facility and Ancillary Provider Administrative Guide for Medicaid	www.uhccommunityplan.com
Arizona Medicaid Long Term Care Benefit Contracts	UnitedHealthcare Community Plan Physician, Health Care Professional, Facility and Ancillary Provider Administrative Guide for Long Term Care	www.uhccommunityplan.com

Credentialing Plan

To review our credentialing plan, visit www.unitedhealthcareonline.com. This plan requires your professional staff to be covered by malpractice insurance in amounts with carriers and on terms and conditions that are customary for professionals like them in your community. To request access to, or a copy of, our credentialing plan, write to UnitedHealthcare, Network Contract Support, 1311 W. President George Bush Highway, Suite 100, Mail Route: TX023-1000, Richardson, TX 75080-9870.

Appendix 2
Definitions, Products and Services

Section 1. Customer. Individuals who are enrolled in benefit contracts insured or administered by us or any participating entity are included in our use of the phrase “customer” in this agreement.

Section 2. Participating entities. The following entities have access to our agreement:

- UnitedHealthcare Insurance Company and its affiliates.
- Groups receiving administrative services from UnitedHealthcare Insurance Company or its affiliates or that have arranged for network access through an entity that has contracted with UnitedHealthcare Insurance Company or one of its affiliates.

Section 3. Products and services.

a. We may allow participating entities to access your services under this agreement for the benefit contract types described in each line item below, unless otherwise specified in section 3b of this Appendix 2.

- UnitedHealthcare Community Plan Medicare Advantage Benefit Contracts
- Arizona Medicaid Benefit Contracts and Arizona CHIP Benefit Contracts.

- Arizona Medicaid Long Term Care Benefit Contracts.

b. Notwithstanding the above section 3a of this Appendix 2, this agreement will not apply to the benefit contract types described in the following line items:

- Children's Rehabilitative Services Benefit Contracts.

Note: Excluding certain benefit contracts or programs from this Agreement does not preclude the parties or their affiliates from having or entering into a separate agreement providing for your participation in a network for such benefit contracts or programs.

Section 4. Definitions:

Note: We may adopt a different name for a particular benefit contract, and/or may modify information referenced in the definitions below regarding customer identification cards. If that happens, section 3a or section 3b of this Appendix will continue to apply to those benefit contracts as it did previously, and we will provide you with the updated information. Additionally, we may revise the definitions in this section 4 to reflect changes in the names or roles of our business units, provided that doing so does not change

your participation status in benefit contracts impacted by that change, and further provided that we provide you with the updated information.

MEDICARE:

- **Medicare Advantage Benefit Contracts** means benefit contracts sponsored, issued or administered by a Medicare Advantage organization as part of:
 - (i) the Medicare Advantage program under Title XVIII, Part C of the Social Security Act, or
 - (ii) the Medicare Advantage program together with the Prescription Drug program under Title XVIII, Part C and Part D, respectively, of the Social Security Act,as those program names may change from time to time.
- **UnitedHealthcare Community Plan Medicare Advantage Benefit Contracts** means Medicare Advantage Benefit Contracts subject to the UnitedHealthcare Community Plan Protocols. Those Benefit Contracts will include a reference to “CP” on the back of the valid identification card of any customer eligible for and enrolled in those benefit contracts.

MEDICAID, CHIP AND OTHER STATE PROGRAMS:

- **Medicaid Benefit Contracts** means benefit contracts that offer coverage to beneficiaries of a program authorized by Title XIX of the federal Social Security Act, and jointly financed by the federal and state governments and administered by the state.
- **Arizona Medicaid Benefit Contracts** means Medicaid Benefit Contracts issued in Arizona that include a reference to “UnitedHealthcare Community Plan” on the valid identification card of any customer eligible for and enrolled in that benefit contract.
- **Arizona Medicaid Long Term Care Benefit Contracts** (also known as “Arizona Long Term Care System” program or “ALTCS”) means long term care Medicaid Benefit Contracts issued in Arizona that include a reference to “Evercare Select” on the valid identification card of any customer eligible for and enrolled in that benefit contract.
- **Children’s Health Insurance Program (“CHIP”) Benefit Contracts** are benefit contracts under the program authorized by Title XXI of the federal Social Security Act that is jointly financed by the federal and state governments and administered by the state.
- **Arizona CHIP Benefit Contracts (also known as as “KidsCare”)** are CHIP Benefit Contracts issued in Arizona that include a reference to “UnitedHealthcare Community Plan” on the valid identification card of any customer eligible for and enrolled in that benefit contract.
- **Children’s Rehabilitative Services Benefit Contracts** means benefit contracts issued in Arizona that include references to both “Children’s Rehabilitative Services” and “UnitedHealthcare Community Plan” on the valid identification card of any customer eligible for and enrolled in that benefit contract.

Payment Appendix Type	Fee Information ID	Specialty/Mid-Level Designation (If applicable)
UHC Community Plan Medicare Advantage	AZ 069/070	
Medicaid, CHIP, and Long Term Care	Payment Appendix - Arizona Medicaid, CHIP, and Long Term Care	

**Payment Appendix - Medicare Advantage
UnitedHealthcare Community Plan**

Medicare Advantage Fee Information Document: AZ 069/070

The provisions of this Payment Appendix apply to services rendered by you to customers covered by UnitedHealthcare Community Plan Medicare Advantage Benefit Contracts, as described in this agreement.

**Payment Appendix - Arizona Medicaid and CHIP, and
Long Term Care**

Applicability

This appendix applies to covered services rendered by you to customers covered under the following types of benefit contracts, as described in the agreement:

- Arizona Medicaid Benefit Contracts and Arizona CHIP Benefit Contracts.
- Arizona Medicaid Long Term Care Benefit Contracts.

SECTION 1

Payment for Covered Services

1.1 Payment. Your contract rates for Covered Services are the lesser of (i) your customary charges for covered services or (ii) the applicable contract rates determined as follows, in order of applicability:

(i) 100% of primary fee source. The primary fee source is the Arizona Medicaid fee schedule by the applicable state agency.

(ii) If the primary fee source uses National Drug Code (“NDC”) pricing for immunizations, injectables and other drugs, then the contract rates for those services will be 100% of the Centers for Medicare & Medicaid Services;

(iii) For certain CPT/HCPCS codes, we may pay an amount higher than the amount listed clause (i) above. In the future, we may reduce that higher amount paid for those CPT/HCPCS codes pursuant to this clause (iii), but not less than the amount payable in clause (i) above.

(iv) In the event that a fee source listed above in clause (i) or (ii) does not publish a specific fee amount, then we will pay 40% of your Eligible Charges. “Eligible Charges” are customary charges for covered services.

The actual payment amount is also subject to matters described in this agreement, such as reimbursement policies.

You will submit claims using a CMS 1500, its successor form or its electronic equivalent for paper claims and HIPAA standard professional format for electronic claims, as applicable, with applicable coding including, but not limited to, ICD, CPT, and HCPCS coding.

If an applicable state or federal program is available to provide items or payment directly to you for specific covered services for customers subject to this appendix that would otherwise be payable under this appendix, the applicable program will apply and not this appendix. (For example, the Vaccines For Children program currently provides vaccines free of charge, and therefore no amount will be payable under this appendix for vaccines within the Vaccines For Children program. However, the administration of such vaccine may be payable under this appendix if payment is not provided under the Vaccines For Children program for vaccine administration.)

Except as provided in the table below, clinical laboratory services, lab pathology services and office lab services will have a contract rate of \$0.00. Clinical laboratory services, lab pathology services, and office lab services are the services listed on Exhibit A. Exhibit A may be updated in accordance with section 1.2 of this appendix. We reserve the right to add covered clinical laboratory services, lab pathology services, and office lab services to the table below by sending notice to you of the CPT and/or HCPCS codes and contract rates for those covered services within 90 days of the effective date of the new contract rate so long as the contract rates for those covered services are at least 40% of the primary fee source at the time those codes and contract rates are added.

CPT/HCPCS Code	Contract Rate
81000	\$4.09
81002	\$3.31
82270	\$4.21
84030	\$7.12
85013	\$3.06
85014	\$3.06
86490	\$5.57
86580	\$6.23
87210	\$5.51
87804	\$15.50
87880	\$15.50
89190	\$5.82
36415	\$3.00
36416	\$3.00
99000	\$12.60
Q0091	\$40.02
Q0111	\$5.24
S3620	\$23.00

The codes listed in the table above are subject to routine maintenance as describe in section 1.2 of this appendix. In addition, if any code listed in the table above has expired or is replaced by the entity that created it (AMA or CMS), the code and contract rate will be determined as follows:

1. If the code is expired and is not replaced, it will be deleted and will no longer be payable under this appendix.
2. If the code is expired and replaced with one or more new codes, the replaced code will be deleted and will no longer be payable under this appendix and the replacement code or codes will be added to the table at the rates listed in the first or third paragraphs of this section 1.1 as applicable.

3. If the code is replaced with one or more new codes, but the existing code continues, then the existing code will continue to be paid in accordance with the table above and the additional codes will be added to the table at the rates listed in the first or third paragraphs of this section 1.1, as applicable.

The contract rates assigned to any codes added to the table pursuant to 2 or 3 above will remain constant and will not change in accordance with section 1.2 of this appendix.

Unless specifically indicated otherwise, amounts listed in this fee schedule represent global fees and may be subject to reductions based on appropriate modifiers (for example, professional and technical modifiers). Any co-payment, deductible or coinsurance that the customer is responsible to pay under the customer's benefit contract will be subtracted from the listed amount in determining the amount to be paid by payer. This information is subject to the confidentiality provisions of this agreement.

1.2 Routine Maintenance. We routinely update this fee schedule in response to changes published by the primary fee source, such as fee amount changes. We will use reasonable commercial efforts to implement the fee schedule changes in its systems within 90 days after final publication and make them effective in our system on the effective date of the change by the primary fee source; provided, however, for immunizations, injectables and other drugs that are paid in accordance with section 1.1 (ii) above, we will implement such changes on a quarterly basis. However, claims already processed prior to the change being implemented by us will not be reprocessed unless otherwise required by law.

We also routinely update this fee schedule in response to coding changes as described in this agreement. When implementing coding updates, we will apply the same percentages as set forth above in section 1.1 and the then current value of the published code to determine the contract rate. We will use reasonable commercial efforts to implement such changes within 90 days from the date of publication. However, claims already processed prior to the change being implemented by us will not be reprocessed unless otherwise required by law.

1.3 Medicaid Agency Payment Changes. If the Medicaid agency changes the manner in which it reimburses or changes the Medicaid primary fee source such that we are required to make significant programming or platform changes in order to implement the Medicaid agency changes, We will make commercially reasonable efforts to implement the Medicaid agency changes, within a reasonable time frame, from the date the change is published in the Medicaid agency's official correspondence to us or is otherwise formally communicated by the Medicaid agency to us. You agree that, in such case, you will accept the current payment as set forth in this appendix until such a time as we can implement the Medicaid agency change. At such time as we are able to implement the change, we will communicate the change and the effective date of the change via a copy of a new payment appendix. From that effective date forward, the contract rate will be calculated based on the new Medicaid agency payment.

If we are unable, through commercially reasonable efforts, to incorporate the Medicaid agency payment changes in their entirety, we will so notify you within 90 days from the date the change is published in the Medicaid agency's official correspondence to us, or otherwise formally communicated by the Medicaid agency. The parties shall then negotiate in good faith for a period of up to 60 days to amend the agreement to replace this appendix with a new appendix and stated effective date for the new contract rates. If the parties have not reached an agreement upon such an amendment within the aforementioned 60 day period, either party may initiate dispute resolution according to this agreement.

Exhibit A - Laboratory Services

Clinical Laboratory Services Crosswalk >> Please see the attachment labeled Exhibit A

Lab Pathology Services Crosswalk >> Please see the attachment labeled Exhibit A

Office Lab Services Crosswalk >> Please see the attachment labeled Exhibit A

Appendix 3 Professional Roster

IMPORTANT NOTE: You acknowledge your obligation under the agreement to notify us of any change in your professionals. Failure to do so may result in denial of claims or incorrect payment.

You represent that you have provided us with a Professional Roster that includes all of the following data elements for the physicians and other professionals on your staff:

- Name of Professional (first name, middle initial, last name)
- Degree (MD, DO, NP, PA, other)
- Gender (M/F)
- Provider Specialty(ies) (primary, secondary, additional specialties)
- State License Number
- Medicaid ID Number
- NPI Number
- Foreign Language(s)
- Admitting Hospital(s)

If any data element is not applicable to a specific professional, you will indicate "not applicable" in the appropriate field. Acceptable formats include in writing, electronically in Excel, ANSI, or text (comma delineated) formats.

**Appendix 4
Your Practice Locations**

Medical Group attests that this Appendix identifies all services and locations covered under this agreement.

BILLING ADDRESS

All sites of service billing under all TINs listed in Appendix 4 must be included as par providers.
Identify only if a common name and address appears on all medical group practice location bills that utilize the medical group's Tax ID under the Agreement.

Practice Name COCHISE COUNTY HEALTH DEPT DBA COCHISE HEALTH AND SOCIAL SERVICES
Street Address 1415 W MELODY LN BLDG A
City BISBEE State AZ Zip 85603-3027
Tax ID Number (TIN) 866000398
National Provider ID 1215968250

PRACTICE LOCATIONS (complete one for each service location)		
Clinic Name	Clinic Name	Clinic Name
COCHISE HEALTH AND SOCIAL SERVICES		
Street Address	Street Address	Street Address
1415 MELODY LANE, BLDG A.		
City	City	City
BISBEE		
State and Zip Code	State and Zip Code	State and Zip Code
ARIZONA 85603		
Phone Number	Phone Number	Phone Number
520-432-9400		
TIN (If different from above)	TIN (If different from above)	TIN (If different from above)
SAME		
National Provider ID (NPI)	National Provider ID (NPI)	National Provider ID (NPI)
1215968250		

PRACTICE LOCATIONS (complete one for each service location)		
Clinic Name	Clinic Name	Clinic Name
Street Address	Street Address	Street Address
City	City	City
State and Zip Code	State and Zip Code	State and Zip Code
Phone Number	Phone Number	Phone Number

<i>TIN (If different from above)</i>	<i>TIN (If different from above)</i>	<i>TIN (If different from above)</i>
National Provider ID (NPI)	National Provider ID (NPI)	National Provider ID (NPI)

**Appendix 3
Your Professional Roster**

Will you be attaching a copy of your roster to this form? YES NO

NOTE: Please attach additional copies of this page if you need to list additional professionals.

Drafting Note: Under Provider Specialties, you may add additional numbering if the professional has more than 2 (two) specialties that they either support or practice. For NP & PA Professionals, please ensure each have indicated their degree first in the second column and then also indicate their primary & secondary specialties which they support for loading purposes.

Name of Provider Representative (First Name, MI, Last Name)	Degree (MD, DO, NP, PA, other)	Male or Female (M/F)	Provider Specialty(ies)		State License #	Medicaid ID #	NPI #	Foreign Language(s) Spoken	Admitting Hospital(s)
			1) Primary	2) Secondary					
RADI ANN PORTER	R.N.	F	1) N/A	2) N/A	RN 028468	062082 062802	145968250	N/A	1) N/A 2) N/A
			1)	2)					1) 2)
			1)	2)					1) 2)
			1)	2)					1) 2)
			1)	2)					1) 2)
			1)	2)					1) 2)
			1)	2)					1) 2)
			1)	2)					1) 2)

[Click here to attach a complete roster:](#)



Payment Appendix
Medicare Advantage Fee Information Document
Fee Schedule Specifications: as of 07/01/2013
Report Date: 05/24/2013

Fee Schedule ID: AZ 069 - NonFacility

Linked Fee Schedule ID: AZ 070 - Facility

Type Of Service	Primary Fee Source	Pricing Level
EVALUATION & MANAGEMENT	2008 CMS RVU Carrier Locality (0000000)	\$36.00
EVALUATION & MANAGEMENT - NEONATAL	2008 CMS RVU Carrier Locality (0000000)	\$36.00
EVALUATION & MANAGEMENT - PREVENTIVE	2008 CMS RVU Carrier Locality (0000000)	\$36.00
EVALUATION & MANAGEMENT - NURSING FACILITY SVCS	2008 CMS RVU Carrier Locality (0000000)	\$36.00
SURGERY - INTEGUMENTARY	2008 CMS RVU Carrier Locality (0000000)	\$36.00
SURGERY - MUSCULOSKELETAL	2008 CMS RVU Carrier Locality (0000000)	\$36.00
SURGERY - RESPIRATORY	2008 CMS RVU Carrier Locality (0000000)	\$36.00
SURGERY - CARDIOVASCULAR	2008 CMS RVU Carrier Locality (0000000)	\$36.00
SURGERY - HEMIC & LYMPHATIC	2008 CMS RVU Carrier Locality (0000000)	\$36.00
SURGERY - MEDIASTINUM & DIAPHRAGM	2008 CMS RVU Carrier Locality (0000000)	\$36.00
SURGERY - DIGESTIVE	2008 CMS RVU Carrier Locality (0000000)	\$36.00
SURGERY - URINARY	2008 CMS RVU Carrier Locality (0000000)	\$36.00
SURGERY - MALE GENITAL	2008 CMS RVU Carrier Locality (0000000)	\$36.00
SURGERY - FEMALE GENITAL	2008 CMS RVU Carrier Locality (0000000)	\$36.00
SURGERY - MATERNITY & DELIVERY	2008 CMS RVU Carrier Locality (0000000)	\$36.00
SURGERY - ENDOCRINE	2008 CMS RVU Carrier Locality (0000000)	\$36.00
SURGERY - NERVOUS	2008 CMS RVU Carrier Locality (0000000)	\$36.00
SURGERY - EYE & OCULAR ADNEXA	2008 CMS RVU Carrier Locality (0000000)	\$36.00
SURGERY - AUDITORY	2008 CMS RVU Carrier Locality (0000000)	\$36.00
RADIOLOGY	2008 CMS RVU Carrier Locality (0000000)	\$36.00
RADIOLOGY - BONE DENSITY	2008 CMS RVU Carrier Locality (0000000)	\$36.00
RADIOLOGY - CT	2008 CMS RVU Carrier Locality (0000000)	\$36.00
RADIOLOGY - MAMMOGRAPHY	2008 CMS RVU Carrier Locality (0000000)	\$36.00
RADIOLOGY - MRI	2008 CMS RVU Carrier Locality (0000000)	\$36.00
RADIOLOGY - MRA	2008 CMS RVU Carrier Locality (0000000)	\$36.00
RADIOLOGY - NUCLEAR MEDICINE	2008 CMS RVU Carrier Locality (0000000)	\$36.00
RADIOLOGY - PET SCANS	2008 CMS RVU Carrier Locality (0000000)	\$36.00
RADIATION THERAPY	2008 CMS RVU Carrier Locality (0000000)	\$36.00
RADIOLOGY - ULTRASOUND	2008 CMS RVU Carrier Locality (0000000)	\$36.00
LAB - PATHOLOGY	2008 CMS RVU Carrier Locality (0000000)	\$22.74
OFFICE LAB	2008 CMS Clinical Lab Schedule National Limit	60.000%
CLINICAL LABORATORY	2008 CMS Clinical Lab Schedule National Limit	42.000%
MEDICINE - OPHTHALMOLOGY	2008 CMS RVU Carrier Locality (0000000)	\$36.00
MEDICINE - CARDIOVASCULAR	2008 CMS RVU Carrier Locality (0000000)	\$36.00
MEDICINE - ALLERGY & CLINICAL IMMUNOLOGY	2008 CMS RVU Carrier Locality (0000000)	\$36.00
MEDICINE - CHIROPRACTIC MANIPULATIVE TREATMENT	2008 CMS RVU Carrier Locality (0000000)	\$36.00
MEDICINE - PHYSICAL MED AND REHAB - MODALITIES	2008 CMS RVU Carrier Locality (0000000)	\$36.00
MEDICINE - PHYSICAL MED AND REHAB - THERAPIES&OTHER	2008 CMS RVU Carrier Locality (0000000)	\$36.00
MEDICINE - ENTERAL FORMULA	2008 CMS RVU Carrier Locality (0000000)	\$36.00
MEDICINE - OTHER	2008 CMS RVU Carrier Locality (0000000)	\$36.00
MEDICINE - IMMUNIZATION ADMINISTRATION	2008 CMS RVU Carrier Locality (0000000)	\$36.00
MEDICINE - CHEMO ADMIN	2008 CMS RVU Carrier Locality (0000000)	\$36.00
OBSTETRICS - GLOBAL	2008 CMS RVU Carrier Locality (0000000)	\$36.00
IMMUNIZATIONS	CMS Drug Pricing	100.000%
INJECTABLES/OTHER DRUGS	CMS Drug Pricing	100.000%
INJECTABLES - ONCOLOGY/THERAPEUTIC CHEMO DRUGS	CMS Drug Pricing	100.000%
INJECTABLES - IVIG	CMS Drug Pricing	100.000%
INJECTABLES-SALINE & DEXTROSE SOLUTIONS	CMS Drug Pricing	100.000%
DME & SUPPLIES	2008 CMS DME Floor	100.000%
DME & SUPPLIES - RESPIRATORY	2008 CMS DME Floor	100.000%
DME & SUPPLIES - ORTHOTICS	2008 CMS DME Floor	100.000%
DME & SUPPLIES - PROSTHETICS	2008 CMS DME Floor	100.000%
DME & SUPPLIES - OSTOMY	2008 CMS DME Floor	100.000%
AMBULANCE	2008 CMS Ambulance Schedule - Urban (0000000)	94.993%

Default Percent of Eligible Charges: 40.00%

Professional/Technical Modifier Pricing: Fee Source-Based

Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)

Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): \$ 36.00

Calculation of Anesthesia Partial Units: Round Up

Schedule Type: FFS

Last Routine Maintenance Update: 07-01-2013

Fixed Fees: 36415 - \$3.00 36416 - \$3.00 84030 - \$23.00 87804 - \$14.00 S3620 - \$38.00 V5242 - \$2500.00 V5243 - \$2500.00 V5244 - \$2500.00 V5245 - \$2500.00 V5246 - \$2500.00 V5247 - \$2500.00 V5248 - \$5000.00 V5249 - \$5000.00 V5250 - \$5000.00 V5251 - \$5000.00 V5252 - \$5000.00 V5253 - \$5000.00 V5254 - \$2500.00 V5255 - \$2500.00 V5256 - \$2500.00 V5257 - \$2500.00 V5258 - \$5000.00 V5259 - \$5000.00 V5260 - \$5000.00 V5261 - \$5000.00 V5262 - \$2500.00 V5263 - \$5000.00

Fee Amounts listed in the fee schedule are all-inclusive, including without limitation any applicable taxes. Unless specifically indicated otherwise, Fee Amounts represent global fees and may be subject to reductions based on appropriate Modifier (for example, professional and technical modifiers). As used in the previous sentence, "global fees" refers to services billed without a Modifier, for which the Fee Amount includes both the professional component and the technical component. Any co-payment, deductible or coinsurance that the customer is responsible to pay under the customer's benefit contract will be subtracted from the listed Fee Amount in determining the amount to be paid by the payer. The actual payment amount is also subject to matters described in this agreement, such as the Payment Policies. No payments will be made for any CMS additional compensation programs, including without limitation incentive or bonus payment programs. Please remember that this information is subject to the confidentiality provisions of this agreement.

Payment Appendix Medicare Advantage Fee Information Document

Representative Fee Schedule Sample for Family Practice: as of 07/01/2013
Report Date: 05/24/2013

Fee Schedule ID: AZ 069 - NonFacility

Linked Fee Schedule ID: AZ 070 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
17000	00	DSTRJ ALL PRMLG	SURGERY - INTEGUMENTARY	NonFacility	\$ 63.72
17110	00	DESTRUCTION BENI	SURGERY - INTEGUMENTARY	NonFacility	\$ 84.24
20610	00	ARTHROCENTESIS A	SURGERY - MUSCULOSKELETAL	NonFacility	\$ 65.52
36415	00	COLLECTION VENOUS	CLINICAL LABORATORY	NonFacility	\$ 3.00
71020	00	RADIOLOGIC EXAM	RADIOLOGY	NonFacility	\$ 31.32
71020	26	RADIOLOGIC EXAM	RADIOLOGY	NonFacility	\$ 9.73
71020	TC	RADIOLOGIC EXAM	RADIOLOGY	NonFacility	\$ 21.59
80050	00	GENERAL HEALTH P	CLINICAL LABORATORY	NonFacility	\$ 18.24
80053	00	COMPREHENSIVE ME	CLINICAL LABORATORY	NonFacility	\$ 6.20
80061	00	LIPID PANEL	CLINICAL LABORATORY	NonFacility	\$ 7.86
84443	00	ASSAY OF THYROID	CLINICAL LABORATORY	NonFacility	\$ 9.86
85025	00	BLOOD COUNT COMP	CLINICAL LABORATORY	NonFacility	\$ 4.56
87880	00	IAADIADDO STREPT	OFFICE LAB	NonFacility	\$ 10.06
90471	00	IMADM PRQ ID SUB	MEDICINE - IMMUNIZATION ADMINISTRATION	NonFacility	\$ 19.44
90715	00	TDAP VACCINE 7 Y	IMMUNIZATIONS	NonFacility	\$ 34.81
90732	00	PNEUMOCOCCAL POL	IMMUNIZATIONS	NonFacility	\$ 72.35
93000	00	ECG-ROUTINE 12 L	MEDICINE - OTHER	NonFacility	\$ 21.60
93306	00	ECHO TTHRC R-T 2	MEDICINE - CARDIOVASCULAR	NonFacility	\$ 267.12
93306	26	ECHO TTHRC R-T 2	MEDICINE - CARDIOVASCULAR	NonFacility	\$ 71.65
93306	TC	ECHO TTHRC R-T 2	MEDICINE - CARDIOVASCULAR	NonFacility	\$ 195.47
95185	00	PREPJA ALLERGEN	MEDICINE - ALLERGY & CLINICAL IMMUNOLOGY	NonFacility	\$ 10.44
96372	00	THERAPEUTIC PROP	MEDICINE - OTHER	NonFacility	\$ 19.44
99202	00	OFFICE OUTPATIENT	EVALUATION & MANAGEMENT	NonFacility	\$ 58.68
99203	00	OFFICE OUTPATIENT	EVALUATION & MANAGEMENT	NonFacility	\$ 86.04
99204	00	OFFICE OUTPATIENT	EVALUATION & MANAGEMENT	NonFacility	\$ 131.04
99205	00	OFFICE OUTPATIENT	EVALUATION & MANAGEMENT	NonFacility	\$ 164.52
99211	00	OFFICE OUTPATIENT	EVALUATION & MANAGEMENT	NonFacility	\$ 18.72
99212	00	OFFICE OUTPATIENT	EVALUATION & MANAGEMENT	NonFacility	\$ 35.28
99213	00	OFFICE OUTPATIENT	EVALUATION & MANAGEMENT	NonFacility	\$ 56.52
99214	00	OFFICE OUTPATIENT	EVALUATION & MANAGEMENT	NonFacility	\$ 84.96
99215	00	OFFICE OUTPATIENT	EVALUATION & MANAGEMENT	NonFacility	\$ 114.84
99222	00	INITIAL HOSPITAL	EVALUATION & MANAGEMENT	NonFacility	\$ 110.52
99223	00	INITIAL HOSPITAL	EVALUATION & MANAGEMENT	NonFacility	\$ 162.36
99232	00	SBSQ HOSPITAL CA	EVALUATION & MANAGEMENT	NonFacility	\$ 59.76
99233	00	SBSQ HOSPITAL CA	EVALUATION & MANAGEMENT	NonFacility	\$ 85.68
99238	00	HOSPITAL DISCHAR	EVALUATION & MANAGEMENT	NonFacility	\$ 61.20
99283	00	EMERGENCY DEPART	EVALUATION & MANAGEMENT	NonFacility	\$ 55.80
99284	00	EMERGENCY DEPART	EVALUATION & MANAGEMENT	NonFacility	\$ 102.96
99285	00	EMERGENCY DEPT V	EVALUATION & MANAGEMENT	NonFacility	\$ 153.72
99291	00	CRITICAL CARE IL	EVALUATION & MANAGEMENT	NonFacility	\$ 237.24
99308	00	SBSQ NURSING FAC	EVALUATION & MANAGEMENT - NURSING FACILITY SVCS	NonFacility	\$ 54.72
99309	00	SBSQ NURSING FAC	EVALUATION & MANAGEMENT - NURSING FACILITY SVCS	NonFacility	\$ 73.08
99385	00	INITIAL PREVENTI	EVALUATION & MANAGEMENT - PREVENTIVE	NonFacility	\$ 97.92
99386	00	INITIAL PREVENTI	EVALUATION & MANAGEMENT - PREVENTIVE	NonFacility	\$ 114.48
99394	00	PERIODIC PREVENT	EVALUATION & MANAGEMENT - PREVENTIVE	NonFacility	\$ 82.08
99395	00	PERIODIC PREVENT	EVALUATION & MANAGEMENT - PREVENTIVE	NonFacility	\$ 82.80
99396	00	PERIODIC PREVENT	EVALUATION & MANAGEMENT - PREVENTIVE	NonFacility	\$ 90.72
99397	00	PERIODIC PREVENT	EVALUATION & MANAGEMENT - PREVENTIVE	NonFacility	\$ 101.16
G0008	00	ADMINISTRATION O	MEDICINE - IMMUNIZATION ADMINISTRATION	NonFacility	\$ 19.07
G0438	00	ANNUAL WELLNESS	EVALUATION & MANAGEMENT - PREVENTIVE	NonFacility	\$ 170.64

Default Percent of Eligible Charges: 40.00%

Professional/Technical Modifier Pricing: Fee Source-Based

Site of Service Price Differential: Site of Service applies. CMS Assignment (ASC POS 24 = F)

Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): \$ 36.00

Calculation of Anesthesia Partial Units: Round Up

Schedule Type: FFS

Last Routine Maintenance Update: 07-01-2013

Fee Amounts listed in the fee schedule are all-inclusive, including without limitation any applicable taxes. Unless specifically indicated otherwise, Fee Amounts represent global fees and may be subject to reductions based on appropriate Modifier (for example, professional and technical modifiers). As used in the previous sentence, "global fees" refers to services billed without a Modifier, for which the Fee Amount includes both the professional component and the technical component. Any co-payment, deductible or coinsurance that the customer is responsible to pay under the customer's benefit contract will be subtracted from the listed Fee Amount in determining the amount to be paid by the payer. The actual payment amount is also subject to matters described in this agreement, such as the Payment Policies. No payments will be made for any CMS additional compensation programs, including without limitation incentive or bonus payment programs. Please remember that this information is subject to the confidentiality provisions of this agreement.



Payment Appendix Medicare Advantage Fee Information Document

Representative Fee Schedule Sample for Family Practice: as of 07/01/2013
Report Date: 05/24/2013

Fee Schedule ID: AZ 069 - NonFacility

Linked Fee Schedule ID: AZ 070 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
17000	00	DSTRJ ALL PRMLG	SURGERY - INTEGUMENTARY	Facility	\$ 43.92
17110	00	DESTRUCTION BENI	SURGERY - INTEGUMENTARY	Facility	\$ 51.48
20610	00	ARTHROCENTESIS A	SURGERY - MUSCULOSKELETAL	Facility	\$ 43.92
38415	00	COLLECTION VENOU	CLINICAL LABORATORY	Facility	\$ 3.00
71020	00	RADIOLOGIC EXAM	RADIOLOGY	Facility	\$ 31.32
71020	26	RADIOLOGIC EXAM	RADIOLOGY	Facility	\$ 9.73
71020	TC	RADIOLOGIC EXAM	RADIOLOGY	Facility	\$ 21.59
80050	00	GENERAL HEALTH P	CLINICAL LABORATORY	Facility	\$ 18.24
80053	00	COMPREHENSIVE ME	CLINICAL LABORATORY	Facility	\$ 6.20
80061	00	LIPID PANEL	CLINICAL LABORATORY	Facility	\$ 7.86
84443	00	ASSAY OF THYROID	CLINICAL LABORATORY	Facility	\$ 9.86
85025	00	BLOOD COUNT COMP	CLINICAL LABORATORY	Facility	\$ 4.56
87880	00	IAADIADOO STREPT	OFFICE LAB	Facility	\$ 10.06
90471	00	IMADM PRQ ID SUB	MEDICINE - IMMUNIZATION ADMINISTRATION	Facility	\$ 19.44
90715	00	TDAP VACCINE 7 Y	IMMUNIZATIONS	Facility	\$ 34.81
90732	00	PNEUMOCOCCAL POL	IMMUNIZATIONS	Facility	\$ 72.35
93000	00	ECG-ROUTINE 12 L	MEDICINE - OTHER	Facility	\$ 21.60
93306	00	ECHO TTHRC R-T 2	MEDICINE - CARDIOVASCULAR	Facility	\$ 267.12
93306	26	ECHO TTHRC R-T 2	MEDICINE - CARDIOVASCULAR	Facility	\$ 71.65
93306	TC	ECHO TTHRC R-T 2	MEDICINE - CARDIOVASCULAR	Facility	\$ 195.47
95165	00	PREPJR ALLERGEN	MEDICINE - ALLERGY & CLINICAL IMMUNOLOGY	Facility	\$ 2.88
96372	00	THERAPEUTIC PROP	MEDICINE - OTHER	Facility	\$ 19.44
99202	00	OFFICE OUTPATIEN	EVALUATION & MANAGEMENT	Facility	\$ 40.32
99203	00	OFFICE OUTPATIEN	EVALUATION & MANAGEMENT	Facility	\$ 61.92
99204	00	OFFICE OUTPATIEN	EVALUATION & MANAGEMENT	Facility	\$ 102.96
99205	00	OFFICE OUTPATIEN	EVALUATION & MANAGEMENT	Facility	\$ 133.92
99211	00	OFFICE OUTPATIEN	EVALUATION & MANAGEMENT	Facility	\$ 7.92
99212	00	OFFICE OUTPATIEN	EVALUATION & MANAGEMENT	Facility	\$ 20.88
99213	00	OFFICE OUTPATIEN	EVALUATION & MANAGEMENT	Facility	\$ 39.60
99214	00	OFFICE OUTPATIEN	EVALUATION & MANAGEMENT	Facility	\$ 61.92
99215	00	OFFICE OUTPATIEN	EVALUATION & MANAGEMENT	Facility	\$ 88.92
99222	00	INITIAL HOSPITAL	EVALUATION & MANAGEMENT	Facility	\$ 110.52
99223	00	INITIAL HOSPITAL	EVALUATION & MANAGEMENT	Facility	\$ 162.36
99232	00	SBSQ HOSPITAL CA	EVALUATION & MANAGEMENT	Facility	\$ 59.76
99233	00	SBSQ HOSPITAL CA	EVALUATION & MANAGEMENT	Facility	\$ 85.68
99238	00	HOSPITAL DISCHAR	EVALUATION & MANAGEMENT	Facility	\$ 61.20
99283	00	EMERGENCY DEPART	EVALUATION & MANAGEMENT	Facility	\$ 55.80
99284	00	EMERGENCY DEPART	EVALUATION & MANAGEMENT	Facility	\$ 102.96
99285	00	EMERGENCY DEPT V	EVALUATION & MANAGEMENT	Facility	\$ 153.72
99291	00	CRITICAL CARE IL	EVALUATION & MANAGEMENT	Facility	\$ 192.96
99308	00	SBSQ NURSING FAC	EVALUATION & MANAGEMENT - NURSING FACILITY SVCS	Facility	\$ 54.72
99309	00	SBSQ NURSING FAC	EVALUATION & MANAGEMENT - NURSING FACILITY SVCS	Facility	\$ 73.08
99385	00	INITIAL PREVENTI	EVALUATION & MANAGEMENT - PREVENTIVE	Facility	\$ 67.68
99386	00	INITIAL PREVENTI	EVALUATION & MANAGEMENT - PREVENTIVE	Facility	\$ 83.16
99394	00	PERIODIC PREVENT	EVALUATION & MANAGEMENT - PREVENTIVE	Facility	\$ 60.12
99395	00	PERIODIC PREVENT	EVALUATION & MANAGEMENT - PREVENTIVE	Facility	\$ 60.12
99396	00	PERIODIC PREVENT	EVALUATION & MANAGEMENT - PREVENTIVE	Facility	\$ 67.68
99397	00	PERIODIC PREVENT	EVALUATION & MANAGEMENT - PREVENTIVE	Facility	\$ 75.60
G0008	00	ADMINISTRATION O	MEDICINE - IMMUNIZATION ADMINISTRATION	Facility	\$ 19.07
G0438	00	ANNUAL WELLNESS	EVALUATION & MANAGEMENT - PREVENTIVE	Facility	\$ 170.64

Default Percent of Eligible Charges: 40.00%

Professional/Technical Modifier Pricing: Fee Source-Based

Site of Service Price Differential: Site of Service applies. CMS Assignment (ASC POS 24 = F)

Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): \$ 36.00

Calculation of Anesthesia Partial Units: Round Up

Schedule Type: FFS

Last Routine Maintenance Update: 07-01-2013

Fee Amounts listed in the fee schedule are all-inclusive, including without limitation any applicable taxes. Unless specifically indicated otherwise, Fee Amounts represent global fees and may be subject to reductions based on appropriate Modifier (for example, professional and technical modifiers). As used in the previous sentence, "global fees" refers to services billed without a Modifier, for which the Fee Amount includes both the professional component and the technical component. Any co-payment, deductible or coinsurance that the customer is responsible to pay under the customer's benefit contract will be subtracted from the listed Fee Amount in determining the amount to be paid by the payer. The actual payment amount is also subject to matters described in this agreement, such as the Payment Policies. No payments will be made for any CMS additional compensation programs, including without limitation incentive or bonus payment programs. Please remember that this information is subject to the confidentiality provisions of this agreement.

Confidential and Proprietary Not for Distribution to Third Parties

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Section 1. Definition of Terms

Unless otherwise defined in this document, capitalized terms will have the meanings ascribed to them in the Agreement.

AMA: American Medical Association located at: www.ama-assn.org.

Anesthesia Conversion Factor: The dollar amount that will be used in the calculation of time-based and non-time based Anesthesia Management fees in accordance with the Anesthesia Payment Policy. Unless specifically stated otherwise, the Anesthesia Conversion Factor indicated is fixed and will not change. The Anesthesia Conversion Factor is based on an anesthesia time unit value of 15 minutes. In the event that any of United's claims systems cannot administer a 15 minute anesthesia time unit value, then the Anesthesia Conversion Factor will be calculated as follows:

$$[(\text{Value of 15 minute Anesthesia Conversion Factor} / 15) * \text{anesthesia time unit value}]$$

For example, an Anesthesia Conversion Factor of \$60.00 (based on a 15-minute anesthesia time unit value) would be calculated to an Anesthesia Conversion Factor of \$40.00 (based on a 10-minute anesthesia time unit value).

$$\text{Example: } [(\$60.00 / 15) * 10 = \$40.00]$$

Anesthesia Management: The management of anesthesia services related to medical, surgical or scopic procedures, as described in the current Anesthesia Management Codes list attached to the Anesthesia Payment Policy located at www.unitedhealthcareonline.com.

Calculation of Anesthesia Partial Units:

Round Up: Partial time units will be calculated by rounding up to the next full anesthesia time unit value increment. For example, if the anesthesia time unit value is based on 15 minutes and if 17 minutes of actual time is submitted on a claim, then the 17 minutes will be divided by 15. The resulting figure of 1.1333 will be rounded up to the next full increment and the total time units for the claim will be 2 time units.

CMS: Centers for Medicare and Medicaid Services located at: www.cms.hhs.gov.

Conversion Factor: A multiplier, expressed in dollars per relative value unit, which converts relative values into Fee Basis amounts.

CPT/HCPCS: A set of codes that describe procedures and services, including supplies and materials, performed or provided by physicians and other health care professionals. Each procedure or service is identified with a 5 digit code. The use of CPT/HCPCS simplifies the reporting of services.

CPT/HCPCS Description: The descriptor associated with each CPT/HCPCS code.

Default Percent of Eligible Charges: In the event that a Fee Basis amount is not sourced by either a primary or alternate Fee Source, such as services submitted using unlisted, unclassified or miscellaneous codes, the codes are subject to correct coding review and will be priced at the contracted percentage indicated within this document.

Expired Code: An existing CPT or HCPCS code that will be expired by the entity that published the code (for example, CMS or the AMA).

Fee Amount: The contract rate for each CPT/HCPCS. The calculation of the Fee Amount is impacted by a variety of factors explained within this document including, but not limited to, Professional/Technical Modifier Pricing, Carrier Locality, CMS year, Place of Service and Pricing Level.

Fee Basis: The amount published by the Fee Source upon which the Pricing Level will be applied to derive the Fee Amount.

Fee Schedule ID: United's proprietary naming/numbering convention that is used to identify the specific fee schedule which supports the terms of the contractual agreement. This is the fee schedule for services performed in nonfacility Places of Service.

Fee Schedule Specifications: Documentation of the underlying calculation methodology and criteria used to derive the Fee Amounts contained within the fee schedule.

Fee Source: The primary or alternate entity or publication that is supplying the Fee Basis.

Fixed Fees: Fee Amounts that are set at amounts which do not change. The Fee Amounts listed are intended for pricing purposes only and are subject to other matters

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described in this Agreement, such as the Payment Policies.

Future Payment Terms: The general description of any pricing terms which will be implemented on a scheduled future effective date.

Last Routine Maintenance Update: The effective date on which this fee schedule was most recently updated. Please refer to the Routine Maintenance section of this document for more information about Routine Maintenance updates.

Linked Fee Schedule ID: United's proprietary naming/numbering convention that is used to identify the specific fee schedule for each specific contractual agreement. This is the fee schedule for services performed in facility Places of Service.

Modifier: A Modifier provides the means to report or indicate that a service or procedure has been altered by some specific circumstance but not changed in its definition or code.

Place of Service: The facility or nonfacility setting in which the service is performed. This may also be referred to by CMS as Payment Type.

Pricing Level: The contracted percentage or amount that will be multiplied times the primary or alternate Fee Basis amount in order to derive the Fee Amount.

Primary Fee Source (Carrier Locality): The main Fee Source used to supply the Fee Basis amount for deriving the Fee Amount within each Type of Service category. For instance, if the Fee Amounts for a given category of codes are derived by applying a particular Pricing Level to the CMS Resource-Based Relative Value Scale (RBRVS), then CMS RBRVS is the Primary Fee Source. The Carrier Locality is designated to indicate the exact CMS geographic region upon which the Fee Amounts are based.

Professional/Technical Modifier Pricing: Fee Source-Based: Fee Amounts for Modifiers (for example, -TC or -26 Modifiers) are derived using the Fee Basis amount as published by the primary or alternate Fee Source.

RVU: Relative Value Unit as published by CMS. United uses the RVU that is used by CMS. For example, if CMS uses a transitional RVU, then United will as well.

Replacement Code: One or more new CPT or HCPCS codes that are the exact same services or descriptions and will replace one or more Expired Codes within the same Type of Service category.

Report Date: The actual date that this document was produced.

Representative Fee Schedule Sample: A representative listing of the most commonly used CPT/HCPCS codes and fees, along with other relevant pricing information, for each specific Fee Schedule ID. The Fee Amounts listed are intended for pricing purposes only and are subject to other matters described in this Agreement, such as the Payment Policies.

Schedule Type: FFS: This is a fee-for-service fee schedule. Unless stated otherwise, the Fee Amount indicated will be used to calculate payment to you as further described within this document.

Site of Service Price Differential: Site of Service applies. CMS Assignment (ASC POS 24 =F): This fee schedule follows CMS guidelines for determining when services are priced at the facility or nonfacility fee schedule (with the exception of services performed at Ambulatory Surgery Centers, POS 24, which will be priced at the facility fee schedule). CMS guidelines can be located at: www.cms.hhs.gov.

In the event that any of United's claims systems cannot administer the calculation of Site of Service Differential pricing as indicated above, a different calculation method will be used until such time as the appropriate system enhancements can be programmed and implemented. That different calculation method will result in a Fee Amount that is no less than the Fee Amount that would apply under the method described above.

Type of Service: A general categorization of related CPT/HCPCS codes. Type of Service categories are intended to closely align with the CPT groupings in the Current Procedural Terminology code book (as published by the AMA) and the HCPCS groupings (as published by CMS).

The Office Lab Type of Service category represents those lab tests, as determined by United, in which the lab test result is necessary to make an informed treatment decision while the patient is in the office.

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A partial or complete crosswalk mapping of CPT/HCPCS to Type of Service categories is available to you upon request.

Section 2. Alternate Fee Sources

In the event the Primary Fee Source contains no published Fee Basis amount, alternate (or "gap fill") Fee Sources may be used to supply the Fee Basis amount for deriving the Fee Amount. For example, if a new CPT/HCPCS code has been created within the Type of Service category of codes described above, and CMS has not yet established an RBRVS value for that code, we use one of the Fee Sources that exist within the industry to fill that gap, such as but not limited to Ingenix Essential RBRVS. For that CPT/HCPCS code, we adopt the RBRVS value established by the gap-fill Fee Source, and determine the Fee Amount for that CPT/HCPCS code by applying to the gap-fill RBRVS the same Conversion Factor and Pricing Level that we apply to the CMS RBRVS for those CPT/HCPCS codes that have CMS RBRVS values. At such time in the future as CMS publishes its own RBRVS value for that CPT/HCPCS code, we would begin using the Primary Fee Source, CMS, to derive the Fee Amount for that code and no longer use the alternate Fee Source.

More information about all of our Fee Sources can be located at:

- Centers for Medicare and Medicaid Services (CMS) RBRVS and Fee Schedules: www.cms.hhs.gov
- Centers for Disease Control and Prevention (CDC) Private Sector Selling Price: www.cdc.gov/vaccines/programs/vfc/cdc-vac-price-list.htm
- Thomson Reuters Red Book: www.micromedex.com
- RJ Health Systems: www.reimbursementcodes.com
- Ingenix Essential RBRVS: www.ingenixonline.com
- American Society of Anesthesiologists: www.asahq.org

Section 3. Routine Updates

Routine updates occur when United mechanically incorporates revised information created by the Fee Source, and as described below, to update the Fee Amounts calculated in accordance with this Fee Information Document. United routinely updates its fee schedule: (1) to stay current with applicable coding practices; (2) in response to price changes for immunizations and injectable medications; and (3) to remain in compliance with HIPAA requirements. United will not generally attempt to communicate routine updates of this nature.

The types of routine updates, and their respective effective dates, are described below.

a. Annual Changes to Relative Value Units, Conversion Factors, or Flat Rate Fees

This fee schedule follows a "stated year" construction methodology. The 2008 RVU, the 2008 Conversion Factor, and the 2008 flat rate fees (non-RVU based fees such as DME fees) will be locked in as the basis for deriving Fee Amounts. Therefore, the annual publication of RVUs and Conversion Factors by CMS may affect this fee schedule. Generally, any RVU, Conversion Factor, or flat rate fee changes published in subsequent years by the Primary Fee Sources will not be reflected in this fee schedule except, for example, to add Fee Amounts for new codes or to replace alternate Fee Basis amounts. United will use reasonable commercial efforts to implement the updates in its systems on or before the later of (i) 90 days after the effective date of any modification made by the Fee Source or (ii) 90 days after the date on which the Fee Source initially places information regarding such modification in the public domain (for example, when CMS distributes program memoranda to providers). United will make the updates effective in its system on the effective date of the change by the Fee Source. However, claims already processed prior to the change being implemented by United will not be reprocessed unless otherwise required by law. In the event that CMS does not publish a complete set of Fee Basis amounts for a specific code (for example: Global, -TC, and -26 fees) and the code contains a status code of "C" (indicating the code is carrier priced), United will use reasonable commercial efforts to establish Fee Amounts for all modifiers associated with the code based on fee information available and published by the local fiscal intermediary and by fiscal intermediaries from other locations.

b. Quarterly Updates in Response to Changes Published by Primary Fee Sources

United updates its fee schedule in response to changes published by Primary Fee Sources as a result of additions, deletions, and changes to CPT codes by the AMA or HCPCS codes by CMS and any subsequent changes to CMS' annual update. United updates its fee schedules for new CPT/HCPCS codes using the applicable Conversion Factor and Pricing Level of the original construction methodology along with the then-current RVU of the published CPT/HCPCS code. The effective date of the updates described in this subsection b. will be no later than the first day of the next calendar quarter after final publication by the Fee Source, except that if that quarter begins less than 60 days after final publication, the effective date will be no later than the first day of the calendar quarter following the next calendar quarter. For example, if final publication by the Fee Source is on April 10, the fee update under this subsection b. will be effective no later than July 1, and if final publication by the Fee Source is on June 10, the fee update under this subsection b. will be effective no later than October 1. In the event that CMS does not publish a complete set of

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Fee Basis amounts for a specific code (for example: Global, -TC, and -26 fees) and the code contains a status code of "C" (indicating the code is carrier priced), United will use reasonable commercial efforts to establish Fee Amounts for all modifiers associated with the code based on fee information available and published by the local fiscal intermediary and by fiscal intermediaries from other locations.

However, in the event that the code source has expired a CPT/HCPCS code and replaced it with a Replacement Code, United will crosswalk the fee from the Expired Code to its Replacement Code as further described below:

Based on information published by the code source (AMA Current Procedural Terminology and The HCPCS Level II), when one Expired Code is replaced by one Replacement Code, United will apply the Expired Code's Fee Amount to the Replacement Code; provided, however, if the Expired Code's Fee Amount was determined by an alternate Fee Source and a Primary Fee Source becomes available, the Replacement Code's Fee Amount will be determined using the Primary Fee Source.

Based on information published by the code source (AMA Current Procedural Terminology and The HCPCS Level II) and United's claims data, when several Expired Codes that are always done in conjunction with each other are replaced by one Replacement Code, United will apply the sum of these Expired Code's Fee Amounts to the Replacement Code; provided, however, if the Expired Code's Fee Amount was determined by an alternate Fee Source and a Primary Fee Source becomes available, the Replacement Code's Fee Amount will be determined using the Primary Fee Source.

The following types of codes are not included in our direct crosswalk methodology as described above:

- Temporary HCPCS codes, such as G, K, Q, and S codes
- Temporary CPT codes, such as Category III codes
- Informational codes, such as CPT Category II codes
- HCPC-C Codes, which are only used by hospitals
- Codes categorized as immunizations and injectables

If any types of codes not currently listed in the exclusions above are developed in the future, United reserves the right to make a crosswalk determination at that time.

c. Price Changes for Immunizations and Injectables

United routinely updates the Fee Amounts in response to price changes for immunizations and injectables published by the Fee Sources. In addition, United's Executive Drug Pricing Forum (EDPF) meets on a quarterly basis to review and evaluate the drug prices that will be used in each quarterly update. The EDPF may address topics including pricing for emerging drugs, anticipated manufacturer price changes, and special circumstances (for example, H1N1 vaccine). Based on supporting information provided by the drug manufacturer or the Fee Source, United's EDPF may elect to establish a Fee Amount or override a Fee Amount, as published by the Fee Source, in favor of a Fee Amount that is more appropriate and reasonable for a particular vaccine or drug. These Fee Amount updates will be effective as described below.

The effective date of updates under this subsection c. will be no later than the first day of the next calendar quarter after final publication by the Fee Source, except that if that quarter begins less than 60 days after final publication, the effective date will be no later than the first day of the calendar quarter following the next calendar quarter. For example, if final publication by the Fee Source is on April 10, the fee update under this subsection c. will be effective no later than July 1, and if final publication by the Fee Source is on June 10, the fee update under this subsection c. will be effective no later than October 1.

d. Other Updates

United reserves the right, but not the obligation, to perform other updates as may be necessary to remain consistent with a Primary Fee Source. United also will perform other updates as may be required by applicable law from time to time. United will use reasonable commercial efforts to implement the updates in its systems on or before the later of (i) 90 days after the effective date of any modification made by the Fee Source or (ii) 90 days after the date on which the Fee Source initially places information regarding such modification in the public domain (for example, when CMS distributes program memoranda to providers). United will make the updates effective in its system on the effective date of the change by the Fee Source. However, claims already processed prior to the change being implemented by United will not be reprocessed unless otherwise required by law.

For More Information

United is committed to providing transparency related to our fee schedules. If you have questions about this fee schedule, please contact Network Management at the address and phone number on your contract or participation agreement or you may use our fee schedule look-up function on the web at: www.unitedhealthcareonline.com or contact our Voice Enabled Telephonic Self Service line at (877) 842-3210.

APIPA Medicaid Provider Information Form

Last Name or Business Name: COCHISE COUNTY

First Name: _____

Middle Name or Initial: _____

Doing Business As (optional): COCHISE HEALTH AND SOCIAL SERVICES

Provider Type, please indicate one: PCP Specialist

AHCCS ID: 062802

Patient Age Range: BIRTH to 18

Please complete and return this document with your signed agreements. Failure to return this form will result in the provider being loaded without any patient age limitations.

**ARIZONA LONG TERM CARE SYSTEM PROGRAM
REGULATORY REQUIREMENTS APPENDIX**

PROVIDER

THIS ARIZONA LONG TERM CARE SYSTEM PROGRAM REGULATORY REQUIREMENTS APPENDIX (this "Appendix") supplements and is made part of the provider agreement (the "Agreement") between UnitedHealthcare Insurance Company or one of its Affiliates and the party named in the Agreement ("Provider").

**SECTION 1
APPLICABILITY**

The requirements of this Appendix apply to Medicaid benefit plans sponsored, issued or administered by Evercare of Arizona, Inc. (referred to herein as "United" or "Contractor"), an Affiliate of UnitedHealthcare Insurance Company. Specifically, this Appendix applies with respect to the provision of health care services Provider provides directly to Covered Persons who are eligible to receive health care benefits under the Arizona Long Term Care System (ALTCS) for the elderly and physically disabled pursuant to A.R.S. § 36-2931 et seq. (the "ALTCS Program") as governed by the State's designated regulatory agency, Arizona Health Care Cost Containment System Administration ("AHCCCS"). In the event of a conflict between this Appendix and other appendices or any provision of the Agreement, the provisions of this Appendix shall control except with regard to benefit plans outside the scope of this Appendix or unless otherwise required by law. In the event United is required to amend or supplement this Appendix as required or requested by the State, AHCCCS or its authorized agent, Provider agrees that United shall be permitted unilaterally to initiate such additions, deletions or modifications.

**SECTION 2
DEFINITIONS**

Unless otherwise defined in this Appendix, all capitalized terms shall be as defined in the Agreement. For purposes of this Appendix, the following terms shall have the meanings set forth herein; provided, however, in the event any definition set forth in this Appendix or the Agreement is inconsistent with any definitions under the ALTCS Program and applicable State law, the definitions shall have the meaning set forth under the ALTCS Program and applicable State law.

2.1 Affiliate: Those entities controlling, controlled by, or under common control with UnitedHealthcare Insurance Company.

2.2 ALTCS Program: The Arizona Long Term Care System program for the elderly and physically disabled, as administered by AHCCCS. For purposes of this Appendix, ALTCS Program may refer to the State agency(ies) responsible for administering the ALTCS Program.

2.3 **Covered Person:** An individual who is currently enrolled with United for the provision of services under the ALTCS Program. A Covered Person may also be referred to as an Enrollee, Member, Customer or other similar term under the Agreement.

2.4 **Covered Services:** The health and medical services to be delivered by United pursuant to the State Contract, as defined in 9 A.A.C. 28, Article 2; 9 A.A.C. 31, Article 2; the AHCCCS Medical Policy Manual ("AMPM") (available on the AHCCCS website at www.azahcccs.gov); and the State Contract.

2.5 **Primary Care Provider/Practitioner (PCP):** An individual who meets the requirements of A.R.S. § 36-2901, and who is responsible for the management of a Covered Person's health care. A PCP may be a physician defined as a person licensed as an allopathic or osteopathic physician according to A.R.S. Title 32, Chapter 13 or Chapter 17, or a practitioner defined as a physician assistant licensed under A.R.S. Title 32, Chapter 25, or a certified nurse practitioner licensed under A.R.S. Title 32, Chapter 15.

2.6 **State:** The State of Arizona or its designated regulatory agencies.

2.7 **State Contract:** United's contract with AHCCCS for the purpose of providing and paying for Covered Services to Covered Persons enrolled in the ALTCS Program. The State Contract includes the AHCCCS solicitation and all attachments, exhibits and amendments thereto, and the proposal and best and final offer accepted by AHCCCS from United.

SECTION 3 PROVIDER REQUIREMENTS

The ALTCS Program, through contractual requirements and federal and State statutes and regulations, requires the Agreement to contain certain conditions that United and Provider agree to undertake, which include the following:

3.1 Pursuant to the State Contract and notwithstanding any other provision of this Appendix or the Agreement, Provider agrees to be bound by the provisions contained in the Arizona Minimum Subcontract Provisions attached to this Appendix as Attachment A. The Arizona Minimum Subcontract Provisions are incorporated into the Agreement.

3.2 Provider shall require, as part of any written participating provider agreement it may enter into with providers or any subcontract it may enter into with a subcontractor, that its providers and subcontractors abide by the applicable terms and conditions of this Appendix.

3.3 Provider shall perform the provision of services and items as identified in the Agreement in accordance with all documents incorporated by reference, as listed in this provision or any other section of the Agreement or this Appendix. The following documents, and any subsequent amendments, modifications, and supplements adopted by or affecting United or AHCCCS during the term of the Agreement, are incorporated herein by reference and made a part of the Agreement: United provider manual/administrative guide; all AHCCCS guidelines, policies and

manuals; the terms and conditions of the existing State Contract and all amendments thereto, including but not limited to: the Arizona Minimum Subcontract Provisions referenced in Section 3.1 of this Appendix, and applicable documents referenced or included in the State Contract; and United policies and procedures directly related to Provider's provision of services and items.

3.4 In accordance with the Deficit Reduction Act of 2005 (DRA), Provider agrees to establish written policies for its employees, contractors or agents that: (a) provide detailed information about the federal False Claims Act (established under sections 3729 through 3733 of title 31, United States Code); (b) cite administrative remedies for false claims and statements (established under chapter 38 of title 31, United States Code) and whistleblower protections under federal and state laws; (c) reference state laws pertaining to civil or criminal penalties for false claims and statements; and (d) with respect to the role of such laws in preventing and detecting fraud, waste, and abuse in federal health care programs (as defined in section 1128B(f)), include as part of such written policies, detailed provisions regarding Provider's policies and procedures for detecting and preventing fraud, waste, and abuse. Provider agrees to train its staff on the aforesaid policies and procedures.

Provider also shall comply with United's policies and procedures designed to protect program integrity and prevent and detect potential or suspected fraud, abuse and waste in the administration and delivery of services under the State Contract. Provider shall cooperate and assist the ALTCS Program and any other State or federal agency charged with the duty of preventing, identifying, investigating, sanctioning or prosecuting suspected fraud, abuse or waste in state and/or federal health care programs.

3.5 Provider agrees to establish a Cultural Competency Plan, meet the AHCCCS Cultural Competency Policy requirements, and participate in AHCCCS's and United's efforts to promote the delivery of services in a culturally competent manner to all Covered Persons, including those with limited English proficiency and diverse cultural and ethnic backgrounds.

3.6 For only those arrangements under the Agreement in which United and Provider have a capitated arrangement/risk sharing arrangement, if Provider does not bill United (e.g., Provider is capitated), Provider's encounter data that is required to be submitted to United pursuant to the Agreement and this Appendix is defined for these purposes as a "claim for payment". Provider's provision of any service results in a "claim for payment" regardless of whether there is any intention of payment. All said claims shall be subject to review under any and all fraud and abuse statutes, rules and regulations, including but not limited to A.R.S. §36-2918.

3.7 Provider agrees to identify Medicare and other third party liability coverage and to seek such Medicare or third party liability payment before submitting claims to United.

3.8 Provider shall cooperate with United's and AHCCCS's quality management and quality improvement programs, and shall comply with the utilization management and review procedures specified in 42 CFR Part 456, as specified in the AHCCCS Medical Policy Manual.

3.9 Provider shall obtain any necessary authorization from United or AHCCCS for services provided to eligible and/or enrolled Covered Persons consistent with United's policies and the requirements of the ALTCS Program.

3.10 Provider shall comply with United's requirements for accurate and timely reporting of encounter data and submission of claims, as set forth in the Agreement, applicable provider manual/administrative guide, and protocols, policies and procedures provided or made available to Provider. Encounter data reporting and claims submissions shall be consistent with AHCCCS requirements.

3.11 Provider may provide persons eligible for the ALTCS Program with factual information, but is prohibited from recommending or steering such persons in their selection of an AHCCCS-contracted managed care organization or similar entity.

3.12 Provider shall provide for timely access for Covered Person appointments in accordance with the appointment availability requirements established under the State Contract, as set forth in the United provider manual/administrative guide. This shall include, without limitation, appointments for emergency care, urgent care and routine care.

3.13 Except for any applicable cost-sharing requirements under the State Contract, Provider shall look solely to United for payment of Covered Services provided to Covered Persons pursuant to the Agreement and the State Contract and hold the State, the U.S. Department of Health and Human Services and Covered Persons harmless in the event that United cannot or will not pay for such Covered Services. In accordance with 42 CFR Section 447.15, as may be amended from time to time, the Covered Person is not liable to Provider for any services for which United is liable and as specified under the State's relevant health insurance or managed care statutes, rules or administrative agency guidance. Provider shall not require any copayment or cost sharing for Covered Services provided under the Agreement unless expressly permitted under the State Contract. Provider shall also be prohibited from charging Covered Persons for missed appointments if such practice is prohibited under the State Contract or applicable law. This provision shall survive termination of the Agreement for any reason, including breach due to insolvency.

3.14 Provider shall offer hours of operation that are no less than the hours of operation offered to commercial enrollees or comparable to Medicaid fee-for-service beneficiaries if Provider serves only Medicaid beneficiaries.

3.15 In the event Provider participates in a physician incentive plan ("PIP") under the Agreement, Provider agrees that such PIP must comply with 42 CFR 417.479, 42 CFR 438.6(h), 42 CFR 422.208, and 42 CFR 422.210, as may be amended from time to time. Neither United nor Provider may make a specific payment directly or indirectly under a PIP to a physician or physician group as an inducement to reduce or limit Medically Necessary services furnished to an individual Covered Person. PIPs must not contain provisions that provide incentives, monetary or otherwise, for the withholding of Medically Necessary care.

3.16 Provider represents that neither it nor any of its principals, nor any providers, subcontractors or consultants with whom Provider contracts is:

(a) excluded from participation in federal health care programs under either Section 1128 or section 1128A of the Social Security Act; or

(b) debarred, suspended or otherwise excluded from participating in procurement activities under the Federal Acquisition Regulation or from participating in nonprocurement activities under regulations issued under Executive Order no. 12549 or under guidelines implementing Executive Order No. 12549; or an affiliate, as defined in the Federal Acquisition Regulation, of such a person.

(c) As a registered provider with the AHCCCS Administration, Provider is obligated under 42 CFR §1001.1901(b) to screen all employees, contractors, and/or subcontractors to determine whether any of them have been excluded from participation in federal health care programs. Provider can search the HHS-OIG website, at no cost, by the names of any individuals or entities. The database is called LEIE and can be accessed at <http://www.oig.hhs.gov/fraud/exclusions.asp>.

3.17 As required under State or federal law or the State Contract, any marketing materials developed and/or distributed by Provider as related to the performance of the Agreement must be submitted to United to submit to the State for prior approval.

3.18 To the extent applicable to Provider in performance of the Agreement, Provider shall comply with 42 CFR 438.214, as may be amended from time to time, which includes but it is not limited to the selection and retention of providers, credentialing and recredentialing requirements and nondiscrimination. If United delegates credentialing to Provider, United will provide monitoring and oversight and Provider shall ensure that all licensed medical professionals are credentialed in accordance with United's and the State Contract's credentialing requirements.

3.19 Provider shall follow the State Contract's requirements for the provision of Covered Services. Provider's decisions affecting the delivery of acute or chronic care services to Covered Persons shall be made on an individualized basis and in accordance with the following definitions:

(a) Emergency Medical Condition: A medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in any of the following: (1) placing the health of the individual (or with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy; (2) serious impairment to bodily functions; or (3) serious dysfunction of any bodily organ or part.

(b) Emergency Medical Services: Covered inpatient and outpatient services provided after the sudden onset of an Emergency Medical Condition. These services must be furnished by a qualified provider and must be necessary to evaluate or stabilize the Emergency Medical Condition.

(c) Medically Necessary: Medically Necessary means a Covered Service is provided by a physician or other licensed practitioner of the healing arts acting within the scope of practice under state law to prevent disease, disability, or other adverse health conditions or their progression, or to prolong life.

3.20 Provider agrees to comply with the following requirements related to lobbying:

(a) Prohibition on Use of Federal Funds for Lobbying: Provider agrees, pursuant to 31 U.S.C. Section 1352 and 45 CFR Part 93, as may be amended from time to time, that no federally appropriated funds have been paid or will be paid to any person by or on Provider's behalf for the purpose of influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the award of any federal contract, the making of any federal grant, the making of any federal loan, the entering into of any cooperative agreement, or the extension, continuation, renewal, amendment, or modification of any federal contract, grant, loan, or cooperative agreement. If the value of the Agreement exceeds \$100,000, Provider agrees to complete and submit to United the certification required under 31 U.S.C. Section 1352 and 45 CFR Part 93.

(b) Disclosure Form to Report Lobbying: If any funds other than federally appropriated funds have been paid or will be paid to any person for the purpose of influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the award of any federal contract, the making of any federal grant, the making of any federal loan, the entering into of any cooperative agreement, or the extension, continuation, renewal, amendment or modification of any federal contract, grant, loan, or cooperative agreement and the value of the Agreement exceeds \$100,000, Provider shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.

3.21 Provider shall be fully responsible for all tax obligations, Worker's Compensation Insurance, and all other applicable insurance coverage obligations that arise under the Agreement, for itself and its employees. AHCCCS shall have no responsibility or liability for any such taxes or insurance coverage.

3.22 Providers that are hospitals, nursing facilities, home health agencies, hospices, or organizations responsible for providing personal care, as well as PCPs that contract with any of the above entities, shall comply with federal and State law regarding advance directives for adult Covered Persons. Such requirements include the following:

(a) Maintaining written policies that address the rights of adult Covered Persons to make decisions about medical care, including the right to accept or refuse medical care, and the right to execute an advance directive. If the Provider has a conscientious objection to carrying out an advance directive, it must be explained in the policies. A

health care provider is not prohibited from making such objection when made pursuant to A.R.S. § 36-3205.C.1.

(b) Providing written information to adult Covered Persons regarding each individual's rights under State law to make decisions regarding medical care, and the Provider's written policies concerning advance directives (including any conscientious objections).

(c) Documenting in the Covered Person's medical record whether or not the adult Covered Person has been provided the information and whether an advance directive has been executed. Providers that are hospitals, nursing facilities, home health agencies, hospices, or organizations responsible for providing personal care shall make an effort to provide a copy of a Covered Person's advance directive, or documentation of refusal, to the Covered Person's PCP for inclusion in the Covered Person's medical record.

(d) Not discriminating against a Covered Person because of his or her decision to execute or not execute an advance directive, and not making it a condition for the provision of care.

(e) Providing education to staff on issues concerning advance directives, including notification of direct care providers of services, such as home health care and personal care, of any advance directives executed by Covered Persons to whom they are assigned to provide services.

3.23 Provider must be registered as an approved service provider with AHCCCS and must have a National Provider Identifier (NPI) (if eligible for a NPI). An AHCCCS Provider Participation Agreement must be signed if Provider is not already an AHCCCS registered provider. Except as otherwise required by law or as otherwise specified in the Agreement, the AHCCCS Administration fee-for-service provisions referenced in the AHCCCS Provider Participation Agreement located on the AHCCCS website (e.g., billing requirements, coding standards, payment rates) are in force between Provider and United.

3.24 In the event of termination of the Agreement, Provider shall promptly supply to United all information necessary for the reimbursement of any outstanding Medicaid claims.

3.25 If Provider is a nursing facility, Provider must have procedures in place to ensure that temporary nursing care registry personnel, including nurse aides, are properly certified and licensed before caring for Covered Persons, in accordance with 42 CFR 483.75(e)(3) and (g)(2). Provider also must ensure that such registry personnel are fingerprinted as required by ARS § 36-411.

3.26 Provider shall cooperate with United to resolve any patient capacity issues, including where United or AHCCCS determine that Provider's panel size must be adjusted for Provider to meet AHCCCS appointment and clinical performance standards.

SECTION 4 UNITED REQUIREMENTS

4.1 United shall pay Provider pursuant to the State Contract and applicable State and federal law and regulations, including but not limited to 42 CFR 447.46, 42 CFR 447.45(d)(2), 42 CFR 447.45(d)(3), 42 CFR 447.45(d)(5) and 42 CFR 447.45(d)(6), as applicable and as may be amended from time to time. If a third party liability exists, payment of claims shall be determined in accordance with federal and/or State third party liability law and the terms of the State Contract. Unless United otherwise requests assistance from Provider, United shall be responsible for third party collections in accordance with the terms of the State Contract.

4.2 United shall not structure compensation provided to individuals or entities that conduct utilization management and concurrent review activities so as to provide incentives for the individual or entity to deny, limit, or discontinue Medically Necessary services to any Covered Person.

4.3 In addition to its termination rights under the Agreement, United shall have the right to revoke any functions or activities United delegates to Provider under the Agreement or impose other sanctions consistent with the State Contract if in United's reasonable judgment Provider's performance under the Agreement is inadequate. United shall also have the right to suspend, deny, refuse to renew or terminate Provider in accordance with the terms of the State Contract and applicable law and regulation.

4.4 United shall not discriminate with respect to participation, reimbursement, or indemnification of a provider who is acting within the scope of the provider's license or certification under applicable State law, solely on the basis of such license or certification. This provision shall not be construed as prohibiting United from limiting a provider's participation to the extent necessary to meet the needs of Covered Persons. This provision also is not intended and shall not interfere with measures established by United that are designed to maintain quality of care practice standards and control costs.

4.5 United shall not prohibit or otherwise restrict Provider, when acting within the lawful scope of practice, from advising or advocating on behalf of a Covered Person for any of the following:

- (a) The Covered Person's health status, medical care, or treatment options, including any alternative treatment that may be self-administered;
- (b) Any information the Covered Person needs in order to decide among all relevant treatment options;
- (c) The risks, benefits, and consequences of treatment or non-treatment; or
- (d) The Covered Person's right to participate in decisions regarding his or her health care, including the right to refuse treatment, and to express preferences about future treatment decisions.

4.6 United shall not discriminate against Provider for serving high-risk Covered Persons or if Provider specializes in conditions requiring costly treatments.

4.7 United shall not prohibit Provider from providing services for any other AHCCCS contractor. In addition, except for cost sharing requirements, the Agreement shall not contain compensation terms that discourage Provider from serving any specific eligibility category.

SECTION 5 OTHER REQUIREMENTS

5.1 Nothing in the Agreement or this Appendix relieves United of its responsibility under the State Contract. If any provision of the Agreement or this Appendix is in conflict with provisions of the State Contract, the terms of the State Contract shall control and the terms of the Agreement or Appendix in conflict with those of the State Contract will be considered waived.

5.2 With respect to any activities delegated to Provider under the Agreement, United shall perform ongoing monitoring of Provider and shall perform periodic formal reviews of Provider consistent with the requirements of State and federal law and the State Contract. As a result of such monitoring activities, United shall identify to Provider any deficiencies or areas for improvement mandated under the State Contract and Provider shall take appropriate corrective action. Results of such performance review and the corrective action plan will be communicated to AHCCCS upon completion.

5.3 If United has delegated any administrative services to Provider under the Agreement (e.g., credentialing), a written amendment of the Agreement and prior approval of AHCCCS is required if Provider participates in any merger, reorganization or change in ownership or control.

5.4 The parties acknowledge and agree that AHCCCS is responsible for enrollment, re-enrollment and disenrollment of Covered Persons.

5.5 The amount, duration and scope of services to be provided by Provider as well as the method and amount of compensation, reimbursement, payment, or other consideration provided to Provider for such services shall be as set forth in the Agreement.

5.6 The term of the Agreement, including beginning and end dates and procedures for extension, termination and renegotiation, shall be as set forth in the Agreement, provided that United shall give hospitals and provider groups at least ninety (90) days notice prior to terminating the Agreement without cause.

5.7 The parties agree that, prior to execution of the Agreement, United evaluated Provider's ability to perform any duties delegated to Provider under the Agreement. Any delegated duties and reporting responsibilities shall be set forth in the Agreement or other written delegation agreement or addendum between the parties.

ATTACHMENT A
ARIZONA MINIMUM SUBCONTRACT PROVISIONS

For the sole purpose of this Attachment A, the following definitions apply:

“Subcontract” means any contract between the Contractor and a third party for the performance of any or all services or requirements specified under the Contractor’s contract with AHCCCS.

“Subcontractor” means any third party with a contract with the Contractor for the provision of any or all services or requirements specified under the Contractor’s contract with AHCCCS.

Subcontractors who provide services under the AHCCCS ALTCS and/or the Acute Care Program must comply with the following applicable rules and statutes:

- Rules for the ALTCS are found in Arizona Administrative Code (AAC) Title 9, Chapter 28. AHCCCS statutes for long term care are generally found in Arizona Revised Statute (ARS) 36, Chapter 29, Article 2.
- Rules for the Acute Care Program are found in AAC Title 9, Chapter 22. AHCCCS statutes for the Acute Care Program are generally found in ARS 36, Chapter 29, Article 1. Rules for the KidsCare Program are found in AAC Title 9, Chapter 31 and the statutes for KidsCare Program may be found in ARS 36, Chapter 29, Article 4.

All statutes, rules and regulations cited in this attachment are listed for reference purposes only and are not intended to be all inclusive.

[The following provisions must be included verbatim in every contract.]

1. ASSIGNMENT AND DELEGATION OF RIGHTS AND RESPONSIBILITIES

No payment due the Subcontractor under this subcontract may be assigned without the prior approval of the Contractor. No assignment or delegation of the duties of this subcontract shall be valid unless prior written approval is received from the Contractor. (AAC R2-7-305)

2. AWARDS OF OTHER SUBCONTRACTS

AHCCCS and/or the Contractor may undertake or award other contracts for additional or related work to the work performed by the Subcontractor and the Subcontractor shall fully cooperate with such other contractors, subcontractors or state employees. The Subcontractor shall not commit or permit any act which will interfere with the performance of work by any other contractor, subcontractor or state employee. (AAC R2-7-308)

3. CERTIFICATION OF COMPLIANCE – ANTI-KICKBACK AND LABORATORY TESTING

By signing this subcontract, the Subcontractor certifies that it has not engaged in any violation of the Medicare Anti-Kickback statute (42 USC §§1320a-7b) or the “Stark I” and “Stark II” laws governing related-entity referrals (PL 101-239 and PL 101-432) and compensation there from. If the Subcontractor provides laboratory testing, it certifies that it has complied with 42 CFR §411.361 and has sent to AHCCCS simultaneous copies of the information required by that rule to be sent to the Centers for Medicare and Medicaid Services. (42 USC §§1320a-7b; PL 101-239 and PL 101-432; 42 CFR §411.361)

4. CERTIFICATION OF TRUTHFULNESS OF REPRESENTATION

By signing this subcontract, the Subcontractor certifies that all representations set forth herein are true to the best of its knowledge.

5. CLINICAL LABORATORY IMPROVEMENT AMENDMENTS OF 1988

The Clinical Laboratory Improvement Amendment (CLIA) of 1988 requires laboratories and other facilities that test human specimens to obtain either a CLIA Waiver or CLIA Certificate in order to obtain reimbursement from the Medicare and Medicaid (AHCCCS) programs. In addition, they must meet all the requirements of 42 CFR 493, Subpart A.

To comply with these requirements, AHCCCS requires all clinical laboratories to provide verification of CLIA Licensure or Certificate of Waiver during the provider registration process. Failure to do so shall result in either a termination of an active provider ID number or denial of initial registration. These requirements apply to all clinical laboratories.

Pass-through billing or other similar activities with the intent of avoiding the above requirements are prohibited. The Contractor may not reimburse providers who do not comply with the above requirements. (CLIA of 1988; 42 CFR 493, Subpart A)

6. COMPLIANCE WITH AHCCCS RULES RELATING TO AUDIT AND INSPECTION

The Subcontractor shall comply with all applicable AHCCCS Rules and Audit Guide relating to the audit of the Subcontractor's records and the inspection of the Subcontractor's facilities. If the Subcontractor is an inpatient facility, the Subcontractor shall file uniform reports and Title XVIII and Title XIX cost reports with AHCCCS. ARS 41-2548; 45 CFR 74.48 (d)

7. COMPLIANCE WITH LAWS AND OTHER REQUIREMENTS

The Subcontractor shall comply with all federal, State and local laws, rules, regulations, standards and executive orders governing performance of duties under this subcontract, without limitation to those designated within this subcontract. [42 CFR 434.70] [42 CFR 438.6(l)]

8. CONFIDENTIALITY REQUIREMENT

The Subcontractor shall safeguard confidential information in accordance with Federal and State laws and regulations, including but not limited to, 42 CFR Part 431, Subpart F, ARS §§36-107, 36-2903 (for Acute), 36-2932 (for ALTCS), 41-1959 and 46-135, the Health Insurance Portability and Accountability Act (Public Law 107-191 Statutes 1936), 45 CFR Parts 160 and 164, and AHCCCS Rules.

9. CONFLICT IN INTERPRETATION OF PROVISIONS

In the event of any conflict in interpretation between provisions of this subcontract and the AHCCCS Minimum Subcontract Provisions, the latter shall take precedence.

10. CONTRACT CLAIMS AND DISPUTES

Contract claims and disputes arising under A.R.S. Title 36, Chapter 29 shall be adjudicated in accordance with AHCCCS Rules, ARS §36-2901 et seq. (for Acute) and ARS §36-2931 et seq. (for ALTCS).

11. ENCOUNTER DATA REQUIREMENT

If the Subcontractor does not bill the Contractor (e.g., Subcontractor is capitated), the Subcontractor shall submit encounter data to the Contractor in a form acceptable to AHCCCS.

12. EVALUATION OF QUALITY, APPROPRIATENESS, OR TIMELINESS OF SERVICES

AHCCCS or the U.S. Department of Health and Human Services may evaluate, through inspection or other means, the quality, appropriateness or timeliness of services performed under this subcontract.

13. FRAUD AND ABUSE

If the Subcontractor discovers, or is made aware, that an incident of suspected fraud or abuse has occurred, the Subcontractor shall report the incident to the prime Contractor as well as to AHCCCS, Office of the Inspector General (OIG). All incidents of potential fraud should be reported to the OIG.

14. GENERAL INDEMNIFICATION

The parties to this contract agree that AHCCCS shall be indemnified and held harmless by the Contractor and Subcontractor for the vicarious liability of AHCCCS as a result of entering into this contract. However, the parties further agree that AHCCCS shall be responsible for its own negligence. Each party to this contract is responsible for its own negligence.

15. INSURANCE

[This provision applies only if the Subcontractor provides services directly to AHCCCS members]

The Subcontractor shall maintain for the duration of this subcontract a policy or policies of professional liability insurance, comprehensive general liability insurance and automobile liability insurance in amounts that meet Contractor's requirements. The Subcontractor agrees that any insurance protection required by this subcontract, or otherwise obtained by the Subcontractor, shall not limit the responsibility of Subcontractor to indemnify, keep and save harmless and defend the State and AHCCCS, their agents, officers and employees as provided herein. Furthermore, the Subcontractor shall be fully responsible for all tax obligations, Worker's Compensation Insurance, and all other applicable insurance coverage, for itself and its employees, and AHCCCS shall have no responsibility or liability for any such taxes or insurance coverage. (45 CFR Part 74) The requirement for Worker's Compensation Insurance doesn't apply when a Subcontractor is exempt under ARS 23-901, and when such Subcontractor executes the appropriate waiver (Sole Proprietor/Independent Contractor) form.

16. LIMITATIONS ON BILLING AND COLLECTION PRACTICES

Except as provided in federal and state law and regulations, the Subcontractor shall not bill, or attempt to collect payment from a person who was AHCCCS eligible at the time the covered service(s) were rendered, or from the financially responsible relative or representative for covered services that were paid or could have been paid by the System.

17. MAINTENANCE OF REQUIREMENTS TO DO BUSINESS AND PROVIDE SERVICES

The Subcontractor shall be registered with AHCCCS and shall obtain and maintain all licenses, permits and authority necessary to do business and render service under this subcontract and, where applicable, shall comply with all laws regarding safety, unemployment insurance, disability insurance and worker's compensation.

18. NON-DISCRIMINATION REQUIREMENTS

The Subcontractor shall comply with State Executive Order No. 99-4, which mandates that all persons, regardless of race, color, religion, gender, national origin or political affiliation, shall have equal access to employment opportunities, and all other applicable Federal and state laws, rules and regulations, including the Americans with Disabilities Act and Title VI. The Subcontractor shall take positive action to ensure that

applicants for employment, employees, and persons to whom it provides service are not discriminated against due to race, creed, color, religion, sex, national origin or disability. (Federal regulations, State Executive order # 99-4)

19. PRIOR AUTHORIZATION AND UTILIZATION MANAGEMENT

The Contractor and Subcontractor shall develop, maintain and use a system for Prior Authorization and Utilization Review that is consistent with AHCCCS Rules and the Contractor's policies.

20. RECORDS RETENTION

The Subcontractor shall maintain books and records relating to covered services and expenditures including reports to AHCCCS and working papers used in the preparation of reports to AHCCCS. The Subcontractor shall comply with all specifications for record keeping established by AHCCCS. All books and records shall be maintained to the extent and in such detail as required by AHCCCS Rules and policies. Records shall include but not be limited to financial statements, records relating to the quality of care, medical records, prescription files and other records specified by AHCCCS.

The Subcontractor agrees to make available at its office at all reasonable times during the term of this contract and the period set forth in the following paragraphs, any of its records for inspection, audit or reproduction by any authorized representative of AHCCCS, State or Federal government.

The Subcontractor shall preserve and make available all records for a period of five years from the date of final payment under this contract unless a longer period of time is required by law.

If this contract is completely or partially terminated, the records relating to the work terminated shall be preserved and made available for a period of five years from the date of any such termination. Records which relate to grievances, disputes, litigation or the settlement of claims arising out of the performance of this contract, or costs and expenses of this contract to which exception has been taken by AHCCCS, shall be retained by the Subcontractor for a period of five years after the date of final disposition or resolution thereof unless a longer period of time is required by law. (45 CFR 74.53; 42 CFR 431.17; ARS 41-2548)

21. SEVERABILITY

If any provision of these standard subcontract terms and conditions is held invalid or unenforceable, the remaining provisions shall continue valid and enforceable to the full extent permitted by law.

22. SUBJECTION OF SUBCONTRACT

The terms of this subcontract shall be subject to the applicable material terms and conditions of the contract existing between the Contractor and AHCCCS for the provision of covered services.

23. TERMINATION OF SUBCONTRACT

AHCCCS may, by written notice to the Subcontractor, terminate this subcontract if it is found, after notice and hearing by the State, that gratuities in the form of entertainment, gifts, or otherwise were offered or given by the Subcontractor, or any agent or representative of the Subcontractor, to any officer or employee of the State with a view towards securing a contract or securing favorable treatment with respect to the awarding, amending or the making of any determinations with respect to the performance of the Subcontractor; provided, that the existence of the facts upon which the state makes such findings shall be in issue and may be reviewed in any competent court. If the subcontract is terminated under this section, unless the Contractor is a governmental agency, instrumentality or subdivision thereof, AHCCCS shall be entitled to a penalty, in addition to any other damages to which it may be entitled by law, and to exemplary damages in the amount of three times the cost incurred by

the Subcontractor in providing any such gratuities to any such officer or employee. [AAC R2-5-501; ARS 41-2616 C.; 42 CFR 434.6, a. (6)]

24. VOIDABILITY OF SUBCONTRACT

This subcontract is voidable and subject to immediate termination by AHCCCS upon the Subcontractor becoming insolvent or filing proceedings in bankruptcy or reorganization under the United States Code, or upon assignment or delegation of the subcontract without AHCCCS' prior written approval.

25. WARRANTY OF SERVICES

The Subcontractor, by execution of this subcontract, warrants that it has the ability, authority, skill, expertise and capacity to perform the services specified in this contract.

26. OFF-SHORE PERFORMANCE OF WORK PROHIBITED

Due to security and identity protection concerns, direct services under this contract shall be performed within the borders of the United States. Any services that are described in the specifications or scope of work that directly serve the State of Arizona or its clients and may involve access to secure or sensitive data or personal client data or development or modification of software for the State shall be performed within the borders of the United States. Unless specifically stated otherwise in specifications, this definition does not apply to indirect or "overhead" services, redundant back-up services or services that are incidental to the performance of the contract. This provision applies to work performed by subcontractors at all tiers.

27. FEDERAL IMMIGRATION AND NATIONALITY ACT

The Subcontractor shall comply with all federal, state and local immigration laws and regulations relating to the immigration status of their employees during the term of the contract. Further, the Subcontractor shall flow down this requirement to all subcontractors utilized during the term of the contract. The State shall retain the right to perform random audits of Contractor and subcontractor records or to inspect papers of any employee thereof to ensure compliance. Should the State determine that the Contractor and/or any subcontractors be found noncompliant, the State may pursue all remedies allowed by law, including, but not limited to; suspension of work, termination of the contract for default and suspension and/or debarment of the Contractor.

Compliance with the Federal Immigration and Nationality Act (FINA) and All Other Federal Immigration Laws and Regulations related to Immigration Status of its Employees:

By entering into the Contract, the subcontractor warrants compliance with the Federal Immigration and Nationality Act (FINA) and all other Federal immigration laws and regulations related to the immigration status of its employees. The subcontractor shall obtain statements from any of its subcontractors certifying compliance and shall furnish the statements to the Procurement Officer, upon request. These warranties shall remain in effect through the term of the Contract. The subcontractor and its subcontractors shall also maintain Employment Eligibility Verification forms (I-9) as required by the U.S. Department of Labor's Immigration and Control Act, for all employees performing work under the Contract. I-9 forms are available for download at USACIS.GOV.

The State may request verification of compliance for any subcontractor or its subcontractor performing work under the Contract. Should the Contractor suspect or find that the subcontractor or any of its subcontractors are not in compliance, the Contractor may pursue any and all remedies allowed by law, including, but not limited to: suspension of work, termination of the Contract for default, and suspension and/or debarment of the subcontractor. All costs necessary to verify compliance are the responsibility of the subcontractor.

Compliance Requirements for A.R.S. 41-4401, Government Procurement: E-Verify Requirement:

The subcontractor warrants compliance with all Federal immigration laws and regulations relating to employees and warrants its compliance with Section A.R.S. 23-214, Subsection A. (That subsection reads: "After December 31, 2007, every employer, after hiring an employee, shall verify the employment eligibility of the employee through the E-Verify program.")

A breach of a warranty regarding compliance with immigration laws and regulations shall be deemed a material breach of the contract and the subcontractor may be subject to penalties up to and including termination of the contract.

Failure to comply with a State or Contractor audit process to randomly verify the employment records of subcontractors and any of its subcontractors shall be deemed a material breach of the contract and the subcontractor may be subject to penalties up to and including termination of the contract.

The State Agency and Contractor retains the legal right to inspect the papers of any employee who works on the contract to ensure that the contractor or subcontractor is complying with the warranty.

**ARIZONA MEDICAID PROGRAM
REGULATORY REQUIREMENTS APPENDIX**

PROVIDER

THIS ARIZONA MEDICAID PROGRAM REGULATORY REQUIREMENTS APPENDIX (this "Appendix") supplements and is made part of the provider agreement (the "Agreement") between UnitedHealthcare Insurance Company or one of its Affiliates and the party named in the Agreement ("Provider").

**SECTION 1
APPLICABILITY**

The requirements of this Appendix apply to Medicaid benefit plans sponsored, issued or administered by Arizona Physicians IPA, Inc. (referred to herein as "United" or "Contractor"), an Affiliate of UnitedHealthcare Insurance Company. Specifically, this Appendix applies with respect to the provision of health care services Provider provides directly to Covered Persons who are eligible to receive health care benefits under the State of Arizona Medicaid program (the "State Medicaid Program") as governed by the State's designated regulatory agency, Arizona Health Care Cost Containment System Administration ("AHCCCS"). In the event of a conflict between this Appendix and other appendices or any provision of the Agreement, the provisions of this Appendix shall control except with regard to benefit plans outside the scope of this Appendix or unless otherwise required by law. In the event United is required to amend or supplement this Appendix as required or requested by the State, AHCCCS or its authorized agent, Provider agrees that United shall be permitted unilaterally to initiate such additions, deletions or modifications.

**SECTION 2
DEFINITIONS**

Unless otherwise defined in this Appendix, all capitalized terms shall be as defined in the Agreement. For purposes of this Appendix, the following terms shall have the meanings set forth herein; provided, however, in the event any definition set forth in this Appendix or the Agreement is inconsistent with any definitions under the State Medicaid Program and applicable State law, the definitions shall have the meaning set forth under the State Medicaid Program and applicable State law.

2.1 Affiliate: Those entities controlling, controlled by, or under common control with UnitedHealthcare Insurance Company.

2.2 Covered Person: An individual who is currently enrolled with United for the provision of services under the State Medicaid Program. A Covered Person may also be referred to as an Enrollee, Member, Customer or other similar term under the Agreement.

2.3 Covered Services: The health and medical services to be delivered by United pursuant to the State Contract, as defined in 9 A.A.C. 28, Article 2; 9 A.A.C. 31, Article 2; the AHCCCS

Medical Policy Manual (“AMPM”) (available on the AHCCCS website at www.azahcccs.gov); and the State Contract.

2.4 Primary Care Provider (PCP): An individual who meets the requirements of A.R.S. § 36-2901, and who is responsible for the management of a Covered Person’s health care. A PCP may be a physician defined as a person licensed as an allopathic or osteopathic physician according to A.R.S. Title 32, Chapter 13 or Chapter 17, or a practitioner defined as a physician assistant licensed under A.R.S. Title 32, Chapter 25, or a certified nurse practitioner licensed under A.R.S. Title 32, Chapter 15.

2.5 State: The State of Arizona or its designated regulatory agencies.

2.6 State Contract: United’s contract with AHCCCS for the purpose of providing and paying for Covered Services to Covered Persons enrolled in the State Medicaid Program. The State Contract includes the AHCCCS solicitation and all attachments, exhibits and amendments thereto, and the proposal and best and final offer accepted by AHCCCS from United.

2.7 State Medicaid Program: The Arizona Medicaid program, as administered by AHCCCS. For purposes of this Appendix, State Medicaid Program may refer to the State agency(ies) responsible for administering the State Medicaid Program.

SECTION 3 PROVIDER REQUIREMENTS

The State Medicaid Program, through contractual requirements and federal and State statutes and regulations, requires the Agreement to contain certain conditions that United and Provider agree to undertake, which include the following:

3.1 Pursuant to the State Contract and notwithstanding any other provision of this Appendix or the Agreement, Provider agrees to be bound by the provisions contained in the Arizona Minimum Subcontract Provisions attached to this Appendix as Attachment A. The Arizona Minimum Subcontract Provisions are incorporated into the Agreement.

3.2 Provider shall require, as part of any written participating provider agreement it may enter into with providers or any subcontract it may enter into with a subcontractor, that its providers and subcontractors abide by the applicable terms and conditions of this Appendix.

3.3 Provider shall perform the provision of services and items as identified in the Agreement in accordance with all documents incorporated by reference, as listed in this provision or any other section of the Agreement or this Appendix. The following documents, and any subsequent amendments, modifications, and supplements adopted by or affecting United or AHCCCS during the term of the Agreement, are incorporated herein by reference and made a part of the Agreement: United provider manual/administrative guide; all AHCCCS guidelines, policies and manuals; the terms and conditions of the existing State Contract and all amendments thereto, including but not limited to: the Arizona Minimum Subcontract Provisions referenced in Section

3.1 of this Appendix and applicable documents referenced or included in the State Contract; and United policies and procedures directly related to Provider's provision of services and items.

3.4 In accordance with the Deficit Reduction Act of 2005 (DRA), Provider agrees to establish written policies for its employees, contractors or agents that: (a) provide detailed information about the federal False Claims Act (established under sections 3729 through 3733 of title 31, United States Code); (b) cite administrative remedies for false claims and statements (established under chapter 38 of title 31, United States Code) and whistleblower protections under federal and state laws; (c) reference state laws pertaining to civil or criminal penalties for false claims and statements; and (d) with respect to the role of such laws in preventing and detecting fraud, waste, and abuse in federal health care programs (as defined in section 1128B(f)), include as part of such written policies, detailed provisions regarding Provider's policies and procedures for detecting and preventing fraud, waste, and abuse. Provider agrees to train its staff on the aforesaid policies and procedures.

Provider also shall comply with United's policies and procedures designed to protect program integrity and prevent and detect potential or suspected fraud, abuse and waste in the administration and delivery of services under the State Contract. Provider shall cooperate and assist the State Medicaid Program and any other State or federal agency charged with the duty of preventing, identifying, investigating, sanctioning or prosecuting suspected fraud, abuse or waste in state and/or federal health care programs.

3.5 Provider agrees to establish a Cultural Competency Plan, meet the AHCCCS Cultural Competency Policy requirements, and participate in AHCCCS's and United's efforts to promote the delivery of services in a culturally competent manner to all Covered Persons, including those with limited English proficiency and diverse cultural and ethnic backgrounds.

3.6 For only those arrangements under the Agreement in which United and Provider have a capitated arrangement/risk sharing arrangement, if Provider does not bill United (e.g., Provider is capitated), Provider's encounter data that is required to be submitted to United pursuant to the Agreement and this Appendix is defined for these purposes as a "claim for payment". Provider's provision of any service results in a "claim for payment" regardless of whether there is any intention of payment. All said claims shall be subject to review under any and all fraud and abuse statutes, rules and regulations, including but not limited to A.R.S. §36-2918.

3.7 Provider agrees to identify Medicare and other third party liability coverage and to seek such Medicare or third party liability payment before submitting claims to United.

3.8 Provider shall cooperate with United's and AHCCCS's quality management and quality improvement programs, and shall comply with the utilization management and review procedures specified in 42 CFR Part 456, as specified in the AHCCCS Medical Policy Manual.

3.9 Provider shall obtain any necessary authorization from United or AHCCCS for services provided to eligible and/or enrolled Covered Persons consistent with United's policies and the requirements of the State Medicaid Program.

3.10 Provider shall comply with United's requirements for accurate and timely reporting of encounter data and submission of claims, as set forth in the Agreement, applicable provider manual/administrative guide, and protocols, policies and procedures provided or made available to Provider. Encounter data reporting and claims submissions shall be consistent with AHCCCS requirements.

3.11 Provider may provide persons eligible for the State Medicaid Program with factual information, but is prohibited from recommending or steering such persons in their selection of an AHCCCS-contracted Medicaid managed care organization or similar entity.

3.12 Provider shall provide for timely access for Covered Person appointments in accordance with the appointment availability requirements established under the State Contract, as set forth in the United provider manual/administrative guide. This shall include, without limitation, appointments for emergency care, urgent care and routine care.

3.13 Except for any applicable cost-sharing requirements under the State Contract, Provider shall look solely to United for payment of Covered Services provided to Covered Persons pursuant to the Agreement and the State Contract and hold the State, the U.S. Department of Health and Human Services and Covered Persons harmless in the event that United cannot or will not pay for such Covered Services. In accordance with 42 CFR Section 447.15, as may be amended from time to time, the Covered Person is not liable to Provider for any services for which United is liable and as specified under the State's relevant health insurance or managed care statutes, rules or administrative agency guidance. Provider shall not require any copayment or cost sharing for Covered Services provided under the Agreement unless expressly permitted under the State Contract. Provider shall also be prohibited from charging Covered Persons for missed appointments if such practice is prohibited under the State Contract or applicable law. This provision shall survive termination of the Agreement for any reason, including breach due to insolvency.

3.14 Provider shall offer hours of operation that are no less than the hours of operation offered to commercial enrollees or comparable to Medicaid fee-for-service beneficiaries if Provider serves only Medicaid beneficiaries.

3.15 In the event Provider participates in a physician incentive plan ("PIP") under the Agreement, Provider agrees that such PIP must comply with 42 CFR 417.479, 42 CFR 438.6(h), 42 CFR 422.208, and 42 CFR 422.210, as may be amended from time to time. Neither United nor Provider may make a specific payment directly or indirectly under a PIP to a physician or physician group as an inducement to reduce or limit Medically Necessary services furnished to an individual Covered Person. PIPs must not contain provisions that provide incentives, monetary or otherwise, for the withholding of Medically Necessary care.

3.16 Provider represents that neither it nor any of its principals, nor any providers, subcontractors or consultants with whom Provider contracts is:

- (a) excluded from participation in federal health care programs under either Section 1128 or section 1128A of the Social Security Act; or

(b) debarred, suspended or otherwise excluded from participating in procurement activities under the Federal Acquisition Regulation or from participating in nonprocurement activities under regulations issued under Executive Order no. 12549 or under guidelines implementing Executive Order No. 12549; or an affiliate, as defined in the Federal Acquisition Regulation, of such a person.

(c) As a registered provider with the AHCCCS Administration, Provider is obligated under 42 CFR §1001.1901(b) to screen all employees, contractors, and/or subcontractors to determine whether any of them have been excluded from participation in federal health care programs. Provider can search the HHS-OIG website, at no cost, by the names of any individuals or entities. The database is called LEIE and can be accessed at <http://www.oig.hhs.gov/fraud/exclusions.asp>.

3.17 As required under State or federal law or the State Contract, any marketing materials developed and/or distributed by Provider as related to the performance of the Agreement must be submitted to United to submit to the State for prior approval.

3.18 To the extent applicable to Provider in performance of the Agreement, Provider shall comply with 42 CFR 438.214, as may be amended from time to time, which includes but it is not limited to the selection and retention of providers, credentialing and recredentialing requirements and nondiscrimination. If United delegates credentialing to Provider, United will provide monitoring and oversight and Provider shall ensure that all licensed medical professionals are credentialed in accordance with United's and the State Contract's credentialing requirements.

3.19 Provider shall follow the State Contract's requirements for the provision of Covered Services. Provider's decisions affecting the delivery of acute or chronic care services to Covered Persons shall be made on an individualized basis and in accordance with the following definitions:

(a) Emergency Medical Condition: A medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in any of the following: (1) placing the health of the individual (or with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy; (2) serious impairment to bodily functions; or (3) serious dysfunction of any bodily organ or part.

(b) Emergency Medical Services: Covered inpatient and outpatient services provided after the sudden onset of an Emergency Medical Condition. These services must be furnished by a qualified provider and must be necessary to evaluate or stabilize the Emergency Medical Condition.

(c) Medically Necessary: Medically Necessary means a Covered Service is provided by a physician or other licensed practitioner of the healing arts acting within the scope of practice under state law to prevent disease, disability, or other adverse health conditions or their progression, or to prolong life.

3.20 Provider agrees to comply with the following requirements related to lobbying:

(a) Prohibition on Use of Federal Funds for Lobbying: Provider agrees, pursuant to 31 U.S.C. Section 1352 and 45 CFR Part 93, as may be amended from time to time, that no federally appropriated funds have been paid or will be paid to any person by or on Provider's behalf for the purpose of influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the award of any federal contract, the making of any federal grant, the making of any federal loan, the entering into of any cooperative agreement, or the extension, continuation, renewal, amendment, or modification of any federal contract, grant, loan, or cooperative agreement. If the value of the Agreement exceeds \$100,000, Provider agrees to complete and submit to United the certification required under 31 U.S.C. Section 1352 and 45 CFR Part 93.

(b) Disclosure Form to Report Lobbying: If any funds other than federally appropriated funds have been paid or will be paid to any person for the purpose of influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the award of any federal contract, the making of any federal grant, the making of any federal loan, the entering into of any cooperative agreement, or the extension, continuation, renewal, amendment or modification of any federal contract, grant, loan, or cooperative agreement and the value of the Agreement exceeds \$100,000, Provider shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.

3.21 Provider shall be fully responsible for all tax obligations, Worker's Compensation Insurance, and all other applicable insurance coverage obligations that arise under the Agreement, for itself and its employees. AHCCCS shall have no responsibility or liability for any such taxes or insurance coverage.

3.22 This provision applies to Providers who are PCPs. When a PCP has initiated medication management services for a Covered Person to treat a behavioral health disorder and it is subsequently determined by the PCP or United that the Covered Person should be transferred to a Regional Behavioral Health Authority (RBHA) prescriber for evaluation and/or continued medication management services, the PCP shall cooperate with United in coordinating the transfer of the Covered Person's care to the RBHA.

3.23 Providers that are hospitals, nursing facilities, home health agencies, hospices, or organizations responsible for providing personal care, as well as PCPs that contract with any of the above entities, shall comply with federal and State law regarding advance directives for adult Covered Persons. Such requirements include the following:

(a) Maintaining written policies that address the rights of adult Covered Persons to make decisions about medical care, including the right to accept or refuse medical care, and the right to execute an advance directive. If the Provider has a conscientious

objection to carrying out an advance directive, it must be explained in the policies. A health care provider is not prohibited from making such objection when made pursuant to A.R.S. § 36-3205.C.1.

(b) Providing written information to adult Covered Persons regarding each individual's rights under State law to make decisions regarding medical care, and the Provider's written policies concerning advance directives (including any conscientious objections).

(c) Documenting in the Covered Person's medical record whether or not the adult Covered Person has been provided the information and whether an advance directive has been executed. Providers that are hospitals, nursing facilities, home health agencies, hospices, or organizations responsible for providing personal care shall make an effort to provide a copy of a Covered Person's advance directive, or documentation of refusal, to the Covered Person's PCP for inclusion in the Covered Person's medical record.

(d) Not discriminating against a Covered Person because of his or her decision to execute or not execute an advance directive, and not making it a condition for the provision of care.

(e) Providing education to staff on issues concerning advance directives, including notification of direct care providers of services, such as home health care and personal care, of any advance directives executed by Covered Persons to whom they are assigned to provide services.

3.24 Provider must be registered as an approved service provider with AHCCCS and must have a National Provider Identifier (NPI) (if eligible for a NPI). An AHCCCS Provider Participation Agreement must be signed if Provider is not already an AHCCCS registered provider. Except as otherwise required by law or as otherwise specified in the Agreement, the AHCCCS Administration fee-for-service provisions referenced in the AHCCCS Provider Participation Agreement located on the AHCCCS website (e.g., billing requirements, coding standards, payment rates) are in force between Provider and United.

3.25 In the event of termination of the Agreement, Provider shall promptly supply to United all information necessary for the reimbursement of any outstanding Medicaid claims.

3.26 Provider shall cooperate with United to resolve any patient capacity issues, including where United or AHCCCS determine that Provider's panel size must be adjusted for Provider to meet AHCCCS appointment and clinical performance standards.

SECTION 4 UNITED REQUIREMENTS

4.1 United shall pay Provider pursuant to the State Contract and applicable State and federal law and regulations, including but not limited to 42 CFR 447.46, 42 CFR 447.45(d)(2), 42 CFR 447.45(d)(3), 42 CFR 447.45(d)(5) and 42 CFR 447.45(d)(6), as applicable and as may be amended from time to time. If a third party liability exists, payment of claims shall be

determined in accordance with federal and/or State third party liability law and the terms of the State Contract. Unless United otherwise requests assistance from Provider, United shall be responsible for third party collections in accordance with the terms of the State Contract.

4.2 United shall not structure compensation provided to individuals or entities that conduct utilization management and concurrent review activities so as to provide incentives for the individual or entity to deny, limit, or discontinue Medically Necessary services to any Covered Person.

4.3 In addition to its termination rights under the Agreement, United shall have the right to revoke any functions or activities United delegates to Provider under the Agreement or impose other sanctions consistent with the State Contract if in United's reasonable judgment Provider's performance under the Agreement is inadequate. United shall also have the right to suspend, deny, refuse to renew or terminate Provider in accordance with the terms of the State Contract and applicable law and regulation.

4.4 United shall not discriminate with respect to participation, reimbursement, or indemnification of a provider who is acting within the scope of the provider's license or certification under applicable State law, solely on the basis of such license or certification. This provision shall not be construed as prohibiting United from limiting a provider's participation to the extent necessary to meet the needs of Covered Persons. This provision also is not intended and shall not interfere with measures established by United that are designed to maintain quality of care practice standards and control costs.

4.5 United shall not prohibit or otherwise restrict Provider, when acting within the lawful scope of practice, from advising or advocating on behalf of a Covered Person for any of the following:

- (a) The Covered Person's health status, medical care, or treatment options, including any alternative treatment that may be self-administered;
- (b) Any information the Covered Person needs in order to decide among all relevant treatment options;
- (c) The risks, benefits, and consequences of treatment or non-treatment; or
- (d) The Covered Person's right to participate in decisions regarding his or her health care, including the right to refuse treatment, and to express preferences about future treatment decisions.

4.6 United shall not discriminate against Provider for serving high-risk Covered Persons or if Provider specializes in conditions requiring costly treatments.

4.7 United shall not prohibit Provider from providing services for any other AHCCCS contractor. In addition, except for cost sharing requirements, the Agreement shall not contain compensation terms that discourage Provider from serving any specific eligibility category.

SECTION 5 OTHER REQUIREMENTS

5.1 Nothing in the Agreement or this Appendix relieves United of its responsibility under the State Contract. If any provision of the Agreement or this Appendix is in conflict with provisions of the State Contract, the terms of the State Contract shall control and the terms of the Agreement or Appendix in conflict with those of the State Contract will be considered waived.

5.2 With respect to any activities delegated to Provider under the Agreement, United shall perform ongoing monitoring of Provider and shall perform periodic formal reviews of Provider, consistent with the requirements of State and federal law and the State Contract. As a result of such monitoring activities, United shall identify to Provider any deficiencies or areas for improvement mandated under the State Contract and Provider shall take appropriate corrective action. Results of such performance review and the corrective action plan will be communicated to AHCCCS upon completion.

5.3 If United has delegated any administrative services to Provider under the Agreement (e.g., credentialing), a written amendment of the Agreement and prior approval of AHCCCS is required if Provider participates in any merger, reorganization or change in ownership or control.

5.4 The parties acknowledge and agree that AHCCCS is responsible for enrollment, re-enrollment and disenrollment of Covered Persons.

5.5 The amount, duration and scope of services to be provided by Provider as well as the method and amount of compensation, reimbursement, payment, or other consideration provided to Provider for such services shall be as set forth in the Agreement.

5.6 The term of the Agreement, including beginning and end dates and procedures for extension, termination and renegotiation, shall be as set forth in the Agreement, provided that United shall give hospitals and provider groups at least ninety (90) days notice prior to terminating the Agreement without cause.

5.7 The parties agree that, prior to execution of the Agreement, United evaluated Provider's ability to perform any duties delegated to Provider under the Agreement. Any delegated duties and reporting responsibilities shall be set forth in the Agreement or other written delegation agreement or addendum between the parties.

**ATTACHMENT A
ARIZONA MINIMUM SUBCONTRACT PROVISIONS**

For the sole purpose of this Attachment A, the following definitions apply:

“Subcontract” means any contract between the Contractor and a third party for the performance of any or all services or requirements specified under the Contractor’s contract with AHCCCS.

“Subcontractor” means any third party with a contract with the Contractor for the provision of any or all services or requirements specified under the Contractor’s contract with AHCCCS.

Subcontractors who provide services under the AHCCCS ALTCS and/or the Acute Care Program must comply with the following applicable rules and statutes:

- Rules for the ALTCS are found in Arizona Administrative Code (AAC) Title 9, Chapter 28. AHCCCS statutes for long term care are generally found in Arizona Revised Statute (ARS) 36, Chapter 29, Article 2.
- Rules for the Acute Care Program are found in AAC Title 9, Chapter 22. AHCCCS statutes for the Acute Care Program are generally found in ARS 36, Chapter 29, Article 1. Rules for the KidsCare Program are found in AAC Title 9, Chapter 31 and the statutes for KidsCare Program may be found in ARS 36, Chapter 29, Article 4.

All statutes, rules and regulations cited in this attachment are listed for reference purposes only and are not intended to be all inclusive.

[The following provisions must be included verbatim in every contract.]

1. ASSIGNMENT AND DELEGATION OF RIGHTS AND RESPONSIBILITIES

No payment due the Subcontractor under this subcontract may be assigned without the prior approval of the Contractor. No assignment or delegation of the duties of this subcontract shall be valid unless prior written approval is received from the Contractor. (AAC R2-7-305)

2. AWARDS OF OTHER SUBCONTRACTS

AHCCCS and/or the Contractor may undertake or award other contracts for additional or related work to the work performed by the Subcontractor and the Subcontractor shall fully cooperate with such other contractors, subcontractors or state employees. The Subcontractor shall not commit or permit any act which will interfere with the performance of work by any other contractor, subcontractor or state employee. (AAC R2-7-308)

3. CERTIFICATION OF COMPLIANCE – ANTI-KICKBACK AND LABORATORY TESTING

By signing this subcontract, the Subcontractor certifies that it has not engaged in any violation of the Medicare Anti-Kickback statute (42 USC §§1320a-7b) or the “Stark I” and “Stark II” laws governing related-entity referrals (PL 101-239 and PL 101-432) and compensation there from. If the Subcontractor provides laboratory testing, it certifies that it has complied with 42 CFR §411.361 and has sent to AHCCCS simultaneous copies of the information required by that rule to be sent to the Centers for Medicare and Medicaid Services. (42 USC §§1320a-7b; PL 101-239 and PL 101-432; 42 CFR §411.361)

4. CERTIFICATION OF TRUTHFULNESS OF REPRESENTATION

By signing this subcontract, the Subcontractor certifies that all representations set forth herein are true to the best of its knowledge.

5. CLINICAL LABORATORY IMPROVEMENT AMENDMENTS OF 1988

The Clinical Laboratory Improvement Amendment (CLIA) of 1988 requires laboratories and other facilities that test human specimens to obtain either a CLIA Waiver or CLIA Certificate in order to obtain reimbursement from the Medicare and Medicaid (AHCCCS) programs. In addition, they must meet all the requirements of 42 CFR 493, Subpart A.

To comply with these requirements, AHCCCS requires all clinical laboratories to provide verification of CLIA Licensure or Certificate of Waiver during the provider registration process. Failure to do so shall result in either a termination of an active provider ID number or denial of initial registration. These requirements apply to all clinical laboratories.

Pass-through billing or other similar activities with the intent of avoiding the above requirements are prohibited. The Contractor may not reimburse providers who do not comply with the above requirements. (CLIA of 1988; 42 CFR 493, Subpart A)

6. COMPLIANCE WITH AHCCCS RULES RELATING TO AUDIT AND INSPECTION

The Subcontractor shall comply with all applicable AHCCCS Rules and Audit Guide relating to the audit of the Subcontractor's records and the inspection of the Subcontractor's facilities. If the Subcontractor is an inpatient facility, the Subcontractor shall file uniform reports and Title XVIII and Title XIX cost reports with AHCCCS. ARS 41-2548; 45 CFR 74.48 (d)

7. COMPLIANCE WITH LAWS AND OTHER REQUIREMENTS

The Subcontractor shall comply with all federal, State and local laws, rules, regulations, standards and executive orders governing performance of duties under this subcontract, without limitation to those designated within this subcontract. [42 CFR 434.70] [42 CFR 438.6(l)]

8. CONFIDENTIALITY REQUIREMENT

The Subcontractor shall safeguard confidential information in accordance with Federal and State laws and regulations, including but not limited to, 42 CFR Part 431, Subpart F, ARS §§36-107, 36-2903 (for Acute), 36-2932 (for ALTCS), 41-1959 and 46-135, the Health Insurance Portability and Accountability Act (Public Law 107-191 Statutes 1936), 45 CFR Parts 160 and 164, and AHCCCS Rules.

9. CONFLICT IN INTERPRETATION OF PROVISIONS

In the event of any conflict in interpretation between provisions of this subcontract and the AHCCCS Minimum Subcontract Provisions, the latter shall take precedence.

10. CONTRACT CLAIMS AND DISPUTES

Contract claims and disputes arising under A.R.S. Title 36, Chapter 29 shall be adjudicated in accordance with AHCCCS Rules, ARS §36-2901 et seq. (for Acute) and ARS §36-2931 et seq. (for ALTCS).

11. ENCOUNTER DATA REQUIREMENT

If the Subcontractor does not bill the Contractor (e.g., Subcontractor is capitated), the Subcontractor shall submit encounter data to the Contractor in a form acceptable to AHCCCS.

12. EVALUATION OF QUALITY, APPROPRIATENESS, OR TIMELINESS OF SERVICES

AHCCCS or the U.S. Department of Health and Human Services may evaluate, through inspection or other means, the quality, appropriateness or timeliness of services performed under this subcontract.

13. FRAUD AND ABUSE

If the Subcontractor discovers, or is made aware, that an incident of suspected fraud or abuse has occurred, the Subcontractor shall report the incident to the prime Contractor as well as to AHCCCS, Office of the Inspector General (OIG). All incidents of potential fraud should be reported to the OIG.

14. GENERAL INDEMNIFICATION

The parties to this contract agree that AHCCCS shall be indemnified and held harmless by the Contractor and Subcontractor for the vicarious liability of AHCCCS as a result of entering into this contract. However, the parties further agree that AHCCCS shall be responsible for its own negligence. Each party to this contract is responsible for its own negligence.

15. INSURANCE

[This provision applies only if the Subcontractor provides services directly to AHCCCS members]

The Subcontractor shall maintain for the duration of this subcontract a policy or policies of professional liability insurance, comprehensive general liability insurance and automobile liability insurance in amounts that meet Contractor's requirements. The Subcontractor agrees that any insurance protection required by this subcontract, or otherwise obtained by the Subcontractor, shall not limit the responsibility of Subcontractor to indemnify, keep and save harmless and defend the State and AHCCCS, their agents, officers and employees as provided herein. Furthermore, the Subcontractor shall be fully responsible for all tax obligations, Worker's Compensation Insurance, and all other applicable insurance coverage, for itself and its employees, and AHCCCS shall have no responsibility or liability for any such taxes or insurance coverage. (45 CFR Part 74) The requirement for Worker's Compensation Insurance doesn't apply when a Subcontractor is exempt under ARS 23-901, and when such Subcontractor executes the appropriate waiver (Sole Proprietor/Independent Contractor) form.

16. LIMITATIONS ON BILLING AND COLLECTION PRACTICES

Except as provided in federal and state law and regulations, the Subcontractor shall not bill, or attempt to collect payment from a person who was AHCCCS eligible at the time the covered service(s) were rendered, or from the financially responsible relative or representative for covered services that were paid or could have been paid by the System.

17. MAINTENANCE OF REQUIREMENTS TO DO BUSINESS AND PROVIDE SERVICES

The Subcontractor shall be registered with AHCCCS and shall obtain and maintain all licenses, permits and authority necessary to do business and render service under this subcontract and, where applicable, shall comply with all laws regarding safety, unemployment insurance, disability insurance and worker's compensation.

18. NON-DISCRIMINATION REQUIREMENTS

The Subcontractor shall comply with State Executive Order No. 99-4, which mandates that all persons, regardless of race, color, religion, gender, national origin or political affiliation, shall have equal access to employment opportunities, and all other applicable Federal and state laws, rules and regulations, including the Americans with Disabilities Act and Title VI. The Subcontractor shall take positive action to ensure that

applicants for employment, employees, and persons to whom it provides service are not discriminated against due to race, creed, color, religion, sex, national origin or disability. (Federal regulations, State Executive order # 99-4)

19. PRIOR AUTHORIZATION AND UTILIZATION MANAGEMENT

The Contractor and Subcontractor shall develop, maintain and use a system for Prior Authorization and Utilization Review that is consistent with AHCCCS Rules and the Contractor's policies.

20. RECORDS RETENTION

The Subcontractor shall maintain books and records relating to covered services and expenditures including reports to AHCCCS and working papers used in the preparation of reports to AHCCCS. The Subcontractor shall comply with all specifications for record keeping established by AHCCCS. All books and records shall be maintained to the extent and in such detail as required by AHCCCS Rules and policies. Records shall include but not be limited to financial statements, records relating to the quality of care, medical records, prescription files and other records specified by AHCCCS.

The Subcontractor agrees to make available at its office at all reasonable times during the term of this contract and the period set forth in the following paragraphs, any of its records for inspection, audit or reproduction by any authorized representative of AHCCCS, State or Federal government.

The Subcontractor shall preserve and make available all records for a period of five years from the date of final payment under this contract unless a longer period of time is required by law.

If this contract is completely or partially terminated, the records relating to the work terminated shall be preserved and made available for a period of five years from the date of any such termination. Records which relate to grievances, disputes, litigation or the settlement of claims arising out of the performance of this contract, or costs and expenses of this contract to which exception has been taken by AHCCCS, shall be retained by the Subcontractor for a period of five years after the date of final disposition or resolution thereof unless a longer period of time is required by law. (45 CFR 74.53; 42 CFR 431.17; ARS 41-2548)

21. SEVERABILITY

If any provision of these standard subcontract terms and conditions is held invalid or unenforceable, the remaining provisions shall continue valid and enforceable to the full extent permitted by law.

22. SUBJECTION OF SUBCONTRACT

The terms of this subcontract shall be subject to the applicable material terms and conditions of the contract existing between the Contractor and AHCCCS for the provision of covered services.

23. TERMINATION OF SUBCONTRACT

AHCCCS may, by written notice to the Subcontractor, terminate this subcontract if it is found, after notice and hearing by the State, that gratuities in the form of entertainment, gifts, or otherwise were offered or given by the Subcontractor, or any agent or representative of the Subcontractor, to any officer or employee of the State with a view towards securing a contract or securing favorable treatment with respect to the awarding, amending or the making of any determinations with respect to the performance of the Subcontractor; provided, that the existence of the facts upon which the state makes such findings shall be in issue and may be reviewed in any competent court. If the subcontract is terminated under this section, unless the Contractor is a governmental agency, instrumentality or subdivision thereof, AHCCCS shall be entitled to a penalty, in addition to any other damages to which it may be entitled by law, and to exemplary damages in the amount of three times the cost incurred by

the Subcontractor in providing any such gratuities to any such officer or employee. [AAC R2-5-501; ARS 41-2616 C.; 42 CFR 434.6, a. (6)]

24. VOIDABILITY OF SUBCONTRACT

This subcontract is voidable and subject to immediate termination by AHCCCS upon the Subcontractor becoming insolvent or filing proceedings in bankruptcy or reorganization under the United States Code, or upon assignment or delegation of the subcontract without AHCCCS' prior written approval.

25. WARRANTY OF SERVICES

The Subcontractor, by execution of this subcontract, warrants that it has the ability, authority, skill, expertise and capacity to perform the services specified in this contract.

26. OFF-SHORE PERFORMANCE OF WORK PROHIBITED

Due to security and identity protection concerns, direct services under this contract shall be performed within the borders of the United States. Any services that are described in the specifications or scope of work that directly serve the State of Arizona or its clients and may involve access to secure or sensitive data or personal client data or development or modification of software for the State shall be performed within the borders of the United States. Unless specifically stated otherwise in specifications, this definition does not apply to indirect or "overhead" services, redundant back-up services or services that are incidental to the performance of the contract. This provision applies to work performed by subcontractors at all tiers.

27. FEDERAL IMMIGRATION AND NATIONALITY ACT

The Subcontractor shall comply with all federal, state and local immigration laws and regulations relating to the immigration status of their employees during the term of the contract. Further, the Subcontractor shall flow down this requirement to all subcontractors utilized during the term of the contract. The State shall retain the right to perform random audits of Contractor and subcontractor records or to inspect papers of any employee thereof to ensure compliance. Should the State determine that the Contractor and/or any subcontractors be found noncompliant, the State may pursue all remedies allowed by law, including, but not limited to; suspension of work, termination of the contract for default and suspension and/or debarment of the Contractor.

Compliance with the Federal Immigration and Nationality Act (FINA) and All Other Federal Immigration Laws and Regulations related to Immigration Status of its Employees:

By entering into the Contract, the subcontractor warrants compliance with the Federal Immigration and Nationality Act (FINA) and all other Federal immigration laws and regulations related to the immigration status of its employees. The subcontractor shall obtain statements from any of its subcontractors certifying compliance and shall furnish the statements to the Procurement Officer, upon request. These warranties shall remain in effect through the term of the Contract. The subcontractor and its subcontractors shall also maintain Employment Eligibility Verification forms (I-9) as required by the U.S. Department of Labor's Immigration and Control Act, for all employees performing work under the Contract. I-9 forms are available for download at USACIS.GOV.

The State may request verification of compliance for any subcontractor or its subcontractor performing work under the Contract. Should the Contractor suspect or find that the subcontractor or any of its subcontractors are not in compliance, the Contractor may pursue any and all remedies allowed by law, including, but not limited to: suspension of work, termination of the Contract for default, and suspension and/or debarment of the subcontractor. All costs necessary to verify compliance are the responsibility of the subcontractor.

Compliance Requirements for A.R.S. 41-4401, Government Procurement: E-Verify Requirement:

The subcontractor warrants compliance with all Federal immigration laws and regulations relating to employees and warrants its compliance with Section A.R.S. 23-214, Subsection A. (That subsection reads: "After December 31, 2007, every employer, after hiring an employee, shall verify the employment eligibility of the employee through the E-Verify program.")

A breach of a warranty regarding compliance with immigration laws and regulations shall be deemed a material breach of the contract and the subcontractor may be subject to penalties up to and including termination of the contract.

Failure to comply with a State or Contractor audit process to randomly verify the employment records of subcontractors and any of its subcontractors shall be deemed a material breach of the contract and the subcontractor may be subject to penalties up to and including termination of the contract.

The State Agency and Contractor retains the legal right to inspect the papers of any employee who works on the contract to ensure that the contractor or subcontractor is complying with the warranty.

MEDICARE ADVANTAGE REGULATORY REQUIREMENTS APPENDIX

THIS MEDICARE ADVANTAGE REGULATORY REQUIREMENTS APPENDIX (this "Appendix") supplements and is made part of the network participation agreement (the "Agreement") between United and the physician or provider named in the Agreement ("Provider").

SECTION 1 APPLICABILITY

This Appendix applies to the Covered Services Provider provides to Medicare Advantage Customers. In the event of a conflict between this Appendix and other appendices or any provision of the Agreement, the provisions of this Appendix shall control except: (1) with regard to Benefit Plans outside the scope of this Appendix; (2) as noted in Section 2 of this Appendix; or (3) as required by applicable law.

SECTION 2 DEFINITIONS

For purposes of this Appendix, the following terms shall have the meanings set forth below; provided, however, in the event any definition set forth in this Appendix is in conflict with any definition in the Agreement for the same or substantially similar term, the definition for such term in the Agreement shall control. All other capitalized terms not otherwise defined in this Appendix shall be as defined in the Agreement.

2.1 **Benefit Plan:** A certificate of coverage, summary plan description, or other document or agreement, whether delivered in paper, electronic, or other format, under which a Payer is obligated to provide coverage of Covered Services for a Customer. Benefit Plan may also be referred to as benefit contract, benefit document, plan, or other similar term under the Agreement.

2.2 **CMS Contract:** A contract between the Centers for Medicare & Medicaid Services ("CMS") and a Medicare Advantage Organization for the provision of Medicare benefits pursuant to the Medicare Advantage Program under Title XVIII, Part C of the Social Security Act.

2.3 **Cost Sharing:** Those costs, if any, under a Benefit Plan that are the responsibility of the Customer, including deductibles, coinsurance, and copayments. Cost Sharing may also be referred to as patient expenses or other similar term under the Agreement.

2.4 **Covered Service:** A health care service or product for which a Customer is entitled to receive coverage from a Payer, pursuant to the terms of the Customer's Benefit Plan with that Payer. A Covered Service may also be referred to as a health service or other similar term under the Agreement.

2.5 **Customer:** A person eligible and enrolled to receive coverage from a Payer for Covered Services. A Customer may also be referred to as an enrollee, member, patient, covered person, or other similar term under the Agreement.

2.6 **Dual Eligible Customer:** A Medicare Advantage Customer who is: (a) eligible for Medicaid; and (b) for whom the state is responsible for paying Medicare Part A and B Cost Sharing.

2.7 **Medicare Advantage Benefit Plans:** Benefit Plans sponsored, issued or administered by a Medicare Advantage Organization as part of the Medicare Advantage program or as part of the Medicare Advantage program together with the Prescription Drug program under Title XVIII, Part C and Part D, respectively, of the Social Security Act (as those program names may change from time to time).

2.8 **Medicare Advantage Customer or MA Customer:** A Customer eligible for and enrolled in a Medicare Advantage Benefit Plan in which Provider participates pursuant to the Agreement.

2.9 **Medicare Advantage Organization or MA Organization:** For purposes of this Appendix, MA Organization is either United or Payer.

2.10 **Payer:** An entity obligated to a Customer to provide reimbursement for Covered Services under the Customer's Benefit Plan and authorized by United to access Provider's services under the Agreement. A Payer may also be referred to as a payor, participating entity or other similar term under the Agreement.

2.11 **United:** UnitedHealthcare Insurance Company and/or one or more of its affiliates.

SECTION 3 PROVIDER REQUIREMENTS

3.1 **Data.** Provider shall submit to MA Organization all risk adjustment data as defined in 42 CFR 422.310(a), and other Medicare Advantage program-related information as may be requested by MA Organization, within the timeframes specified and in a form that meets Medicare Advantage program requirements. By submitting data to MA Organization, Provider represents to MA Organization, and upon MA Organization's request Provider shall certify in writing, that the data is accurate, complete, and truthful, based on Provider's best knowledge, information and belief.

3.2 **Policies.** Provider shall cooperate and comply with MA Organization's policies and procedures.

3.3 **Customer Protection.** Provider agrees that in no event, including but not limited to, non-payment by MA Organization or an intermediary, insolvency of MA Organization or an intermediary, or breach by United of the Agreement, shall Provider bill, charge, collect a deposit

from, seek compensation, remuneration or reimbursement from, or have any recourse against any MA Customer or person (other than MA Organization or an intermediary) acting on behalf of the MA Customer for Covered Services provided pursuant to the Agreement or for any other fees that are the legal obligation of MA Organization under the CMS Contract. This provision does not prohibit Provider from collecting from MA Customers allowable Cost Sharing. This provision also does not prohibit Provider and an MA Customer from agreeing to the provision of services solely at the expense of the MA Customer, as long as Provider has clearly informed the MA Customer, in accordance with applicable law, that the MA Customer's Benefit Plan may not cover or continue to cover a specific service or services.

In the event of MA Organization's or an intermediary's insolvency or other cessation of operations or termination of MA Organization's contract with CMS, Provider shall continue to provide Covered Services to an MA Customer through the later of the period for which premium has been paid to MA Organization on behalf of the MA Customer, or, in the case of MA Customers who are hospitalized as of such period or date, the MA Customer's discharge.

This provision shall be construed in favor of the MA Customer, shall survive the termination of the Agreement regardless of the reason for termination, including MA Organization's insolvency, and shall supersede any contrary agreement, oral or written, between Provider and an MA Customer or the representative of an MA Customer if the contrary agreement is inconsistent with this provision.

For the purpose of this provision, an "intermediary" is a person or entity authorized to negotiate and execute the Agreement on behalf of Provider or on behalf of a network through which Provider elects to participate.

3.4 Dual Eligible Customers. Provider agrees that in no event, including but not limited to, non-payment by a state Medicaid agency or other applicable regulatory authority, other state source, or breach by United of the Agreement, shall Provider bill, charge, collect a deposit from, seek compensation, remuneration or reimbursement from, or have any recourse against any Dual Eligible Customer, person acting on behalf of the Dual Eligible Customer, or MA Organization (unless notified otherwise) for Medicare Part A and B Cost Sharing. Instead, Provider will either: (a) accept payment made by or on behalf of MA Organization as payment in full; or (b) bill the appropriate state source for such Cost Sharing amount. If Provider imposes an excess charge on a Dual Eligible Customer, Provider is subject to any lawful sanction that may be imposed under Medicare or Medicaid. This provision does not prohibit Provider and a Dual Eligible Customer from agreeing to the provision of services solely at the expense of the Dual Eligible Customer, as long as Provider has clearly informed the Dual Eligible Customer, in accordance with applicable law, that the Dual Eligible Customer's Benefit Plan may not cover or continue to cover a specific service or services.

3.5 Eligibility. Provider agrees to immediately notify MA Organization in the event Provider is or becomes excluded from participation in any federal or state health care program under Section 1128 or 1128A of the Social Security Act. Provider also shall not employ or contract for the provision of health care services, utilization review, medical social work or administrative services, with or without compensation, with any individual or entity that has been excluded from

participation in any federal or state health care program under Section 1128 or 1128A of the Social Security Act.

3.6 **Laws.** Provider shall comply with all applicable federal and Medicare laws, regulations, and CMS instructions, including but not limited to: (a) federal laws and regulations designed to prevent or ameliorate fraud, waste, and abuse, including but not limited to, applicable provisions of federal criminal law, the False Claims Act (31 U.S.C. §3729 et seq.), and the anti-kickback statute (§1128B of the Social Security Act); and (b) HIPAA administrative simplification rules at 45 CFR Parts 160, 162, and 164.

3.7 **Federal Funds.** Provider acknowledges and agrees that MA Organization receives federal payments under the CMS Contract and that payments Provider receives from or on behalf of MA Organization are, in whole or in part, from federal funds. Provider is therefore subject to certain laws that are applicable to individuals and entities receiving federal funds.

3.8 **CMS Contract.** Provider shall perform the services set forth in the Agreement in a manner consistent with and in compliance with MA Organization's contractual obligations under the CMS Contract.

3.9 **Records.**

(a) Maintenance; Privacy and Confidentiality; Customer Access. Provider shall maintain records and information related to the services provided under the Agreement, including but not limited to MA Customer medical records and other health and enrollment information, in an accurate and timely manner. Provider shall maintain such records for at least ten (10) years or such longer period as required by law. Provider shall safeguard MA Customer privacy and confidentiality, including but not limited to the privacy and confidentiality of any information that identifies a particular MA Customer, and shall comply with all federal and state laws regarding confidentiality and disclosure of medical records or other health and enrollment information. Provider shall ensure that MA Customers have timely access to medical records and information that pertain to them, in accordance with applicable law.

(b) Government Access to Records. Provider acknowledges and agrees that the Secretary of Health and Human Services, the Comptroller General, or their designees shall have the right to audit, evaluate and inspect any pertinent books, contracts, medical records, patient care documentation and other records and information belonging to Provider that involve transactions related to the CMS Contract. This right shall extend through ten (10) years from the later of the final date of the CMS Contract period in effect at the time the records were created or the date of completion of any audit, or longer in certain instances described in the applicable Medicare Advantage regulations. For the purpose of conducting the above activities, Provider shall make available its premises, physical facilities and equipment, records relating to MA Customers, and any additional relevant information CMS may require.

(c) MA Organization Access to Records. Provider shall grant MA Organization or its designees such audit, evaluation, and inspection rights identified in subsection 3.9(b) as are necessary for MA Organization to comply with its obligations under the CMS Contract. Whenever possible, MA Organization will give Provider reasonable notice of the need for such audit, evaluation or inspection, and will conduct such audit, evaluation or inspection at a reasonable time and place. Provider shall submit medical records of MA Customers to the MA Organization as may be requested, within the timeframes specified, for the purpose of (i) CMS audits of risk adjustment data and (ii) for other purposes medical records from providers are used by MA Organization, as specified by CMS. Provision of medical records must be in the manner consistent with HIPAA privacy statute and regulations.

3.10 MA Organization Accountability; Delegated Activities. Provider acknowledges and agrees that MA Organization oversees and is accountable to CMS for any functions and responsibilities described in the CMS Contract and applicable Medicare Advantage regulations, including those that MA Organization may delegate to Provider or others. If MA Organization has delegated any of its functions and responsibilities under the CMS Contract to Provider pursuant to the Agreement, the following shall apply in addition to the other provisions of this Appendix:

(a) Provider shall perform those delegated activities specified in the Agreement, if any, and shall comply with any reporting responsibilities as set forth in the Agreement.

(b) If MA Organization has delegated to Provider any activities related to the credentialing of health care providers, Provider must comply with all applicable CMS requirements for credentialing, including but not limited to the requirement that the credentials of medical professionals must either be reviewed by MA Organization, or the credentialing process must be reviewed, pre-approved and audited on an ongoing basis by MA Organization.

(c) If MA Organization has delegated to Provider the selection of health care providers to be participating providers in MA Organization's Medicare Advantage network, MA Organization retains the right to approve, suspend or terminate the participation status of such health care providers.

(d) Provider acknowledges that MA Organization shall monitor Provider's performance of any delegated activities on an ongoing basis. If MA Organization or CMS determines that Provider has not performed satisfactorily, MA Organization may revoke any or all delegated activities and reporting requirements. Provider shall cooperate with MA Organization regarding the transition of any delegated activities or reporting requirements that have been revoked by MA Organization.

3.11 Subcontracts. If Provider has any arrangements, in accordance with the terms of the Agreement, with affiliates, subsidiaries, or any other subcontractors, directly or through another person or entity, to perform any of the services Provider is obligated to perform under the

Agreement that are the subject of this Appendix, Provider shall ensure that all such arrangements are in writing, duly executed, and include all the terms contained in this Appendix. Provider shall provide proof of such to MA Organization upon request. Provider further agrees to promptly amend its agreements with such subcontractors, in the manner requested by MA Organization, to meet any additional CMS requirements that may apply to the services.

3.12 **Offshoring.** Unless previously authorized by MA Organization in writing, all services provided pursuant to the Agreement that are subject to this Appendix must be performed within the United States, the District of Columbia, or the United States territories.

SECTION 4 OTHER

4.1 **Payment.** MA Organization or its designee shall promptly process and pay or deny Provider's claim no later than sixty (60) days after MA Organization or its designee receives all appropriate information as described in MA Organization's administrative procedures. If Provider is responsible for making payment to subcontracted providers for services provided to MA Customers, Provider shall pay them no later than sixty (60) days after Provider receives request for payment for those services from subcontracted providers.

4.2 **Regulatory Amendment.** MA Organization may unilaterally amend this Appendix to comply with applicable laws and regulations and the requirements of applicable regulatory authorities, including but not limited to CMS. MA Organization shall provide written or electronic notice to Provider of such amendment and its effective date. Unless such laws, regulations or regulatory authority(ies) direct otherwise, the signature of Provider will not be required in order for the amendment to take effect.

CPT/HCPC Crosswalk to Type of Service

CPT	CPT Description	Type of Service
81000	URINLS DIP STICK/TAB	OFFICE LAB
81001	URNLS DIP STICK/TABL	OFFICE LAB
81002	URNLS DIP STICK/TABL	OFFICE LAB
81003	URNLS DIP STICK/TABL	OFFICE LAB
81005	URINALYSIS QUAL/SEMI	OFFICE LAB
81007	URINALYSIS BACTERIUR	OFFICE LAB
81015	URINALYSIS MICROSCOP	OFFICE LAB
81020	URINALYSIS 2/3 GLASS	OFFICE LAB
81025	URINE PREGNANCY TEST	OFFICE LAB
82010	KETONE BODIES SERUM	OFFICE LAB
82044	ALBUMIN URINE MICROA	OFFICE LAB
82055	ALCOHOL ANY SPECIMEN	OFFICE LAB
82120	AMINES VAGINAL FLUID	OFFICE LAB
82270	BLOOD OCCULT PEROXID	OFFICE LAB
82271	BLOOD OCCULT PEROXID	OFFICE LAB
82272	BLOOD OCCULT PEROXID	OFFICE LAB
82274	BLOOD OCCULT FECAL H	OFFICE LAB
82945	GLUCOSE BODY FLUID O	OFFICE LAB
82947	GLUCOSE QUANTITATIVE	OFFICE LAB
82948	GLUCOSE BLOOD REAGEN	OFFICE LAB
82950	GLUCOSE POST GLUCOSE	OFFICE LAB
82951	GLUCOSE TOLERANCE TE	OFFICE LAB
82952	GLUCOSE TOLERANCE EA	OFFICE LAB
82962	GLU BLD MONITR CLEAR	OFFICE LAB
82985	ASSAY OF GLYCATED PR	OFFICE LAB
83026	HEMOGLOBIN COPPER SU	OFFICE LAB
83037	HGB GLYCOSYLATED DEV	OFFICE LAB
83518	IMMUNOASSAY ANALYTE	OFFICE LAB
83986	PH BODY FLUID NOT EL	OFFICE LAB
84163	PREGNANCY-ASSOCIATED	OFFICE LAB
84702	GONADOTROPIN CHORION	OFFICE LAB
84704	GONADOTROPIN CHORION	OFFICE LAB
84830	OVULATION TEST VISUA	OFFICE LAB
85013	BLOOD COUNT SPUN MIC	OFFICE LAB
85014	BLOOD COUNT HEMATOGR	OFFICE LAB
85018	BLOOD COUNT HEMOGLOB	OFFICE LAB
85610	PROTHROMBIN TIME	OFFICE LAB
85651	SEDIMENTATION RATE R	OFFICE LAB
86308	HETEROPHILE ANTIBODI	OFFICE LAB
86318	IMMUNOASSAY NFCT AGT	OFFICE LAB
86403	PARTICLE AGGLUTINATI	OFFICE LAB
86490	SKIN TEST COCCIDIOID	OFFICE LAB
86510	SKIN TEST HISTOPLASM	OFFICE LAB
86580	SKIN TEST TUBERCULOS	OFFICE LAB
87172	PINWORM EXAMINATION	OFFICE LAB
87210	SMEAR-PRIM W/INTERPT	OFFICE LAB
87220	TISS EXAM KOH SLIDE-	OFFICE LAB
87804	IAADIADOO INFLUENZA	OFFICE LAB
87880	IAADIADOO STREPTOCOC	OFFICE LAB
89055	LEUKOCYTE ASSMT FECA	OFFICE LAB
89190	NASAL SMEAR EOSINOPH	OFFICE LAB
89300	SEMEN; PRESENCE/MOTI	OFFICE LAB

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CPT/HCPC Crosswalk to Type of Service

CPT	CPT Description	Type of Service
89310	SEMEN ANALYSIS; MOTI	OFFICE LAB
89320	SEMEN ANALYSIS; COMP	OFFICE LAB
89322	SEMEN ANALYSIS STRIC	OFFICE LAB
G0027	SEMEN ANALY; PRES/MO	OFFICE LAB
Q0111	WET MOUNTS W/PREP VA	OFFICE LAB
Q0112	ALL K+ HYDROXIDE PRE	OFFICE LAB
Q0113	PINWORM EXAMINATION	OFFICE LAB
Q0114	FERN TEST	OFFICE LAB
Q0115	POST-COITAL DIRECT Q	OFFICE LAB

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CPT/HCPC Crosswalk to Type of Service

CPT	CPT Description	Type of Service
0001M	INFECTIOUS DIS HCV 6	CLINICAL LABORATORY
0002M	LIVER DIS 10 ASSAYS	CLINICAL LABORATORY
0003M	LIVER DIS 10 ASSAYS	CLINICAL LABORATORY
0004M	Scoliosis, DNA analy	CLINICAL LABORATORY
0005M	Fetal aneuploidy (tr	CLINICAL LABORATORY
0058T	CRYOPRESERVATION REP	CLINICAL LABORATORY
0059T	CRYOPRESERVATION OOC	CLINICAL LABORATORY
0085T	BREATH TEST HEART TR	CLINICAL LABORATORY
0103T	HOLOTRANSCOBALAMIN Q	CLINICAL LABORATORY
0111T	LONG-CHAIN OMEGA-3 F	CLINICAL LABORATORY
0233T	SKIN ADVANCED GLYCAT	CLINICAL LABORATORY
36415	COLLECTION VENOUS BL	CLINICAL LABORATORY
36416	COLLECTION CAPILLARY	CLINICAL LABORATORY
78267	UREA BREATH TEST C-1	CLINICAL LABORATORY
78268	UREA BREATH TEST C-1	CLINICAL LABORATORY
80047	BASIC METABOLIC PANE	CLINICAL LABORATORY
80048	BASIC METABOLIC PANE	CLINICAL LABORATORY
80050	GENERAL HEALTH PANEL	CLINICAL LABORATORY
80051	ELECTROLYTE PANEL	CLINICAL LABORATORY
80053	COMPREHENSIVE METABO	CLINICAL LABORATORY
80055	OBSTETRIC PANEL	CLINICAL LABORATORY
80061	LIPID PANEL	CLINICAL LABORATORY
80069	RENAL FUNCTION PANEL	CLINICAL LABORATORY
80074	ACUTE HEPATITIS PANE	CLINICAL LABORATORY
80076	HEPATIC FUNCTION PAN	CLINICAL LABORATORY
80100	DRUG SCREEN QUAL; MX	CLINICAL LABORATORY
80101	RX SCR N QUAL; RX CLA	CLINICAL LABORATORY
80102	DRUG CONFIRMATION EA	CLINICAL LABORATORY
80103	TISSUE PREPARATION D	CLINICAL LABORATORY
80104	DRUG SCR N QUAL MLT C	CLINICAL LABORATORY
80150	DRUG SCREEN QUANTITA	CLINICAL LABORATORY
80152	DRUG SCREEN QUANTITA	CLINICAL LABORATORY
80154	DRUG SCREEN QUANTITA	CLINICAL LABORATORY
80156	DRUG SCREEN QUANTITA	CLINICAL LABORATORY
80157	DRUG SCREEN QUANTITA	CLINICAL LABORATORY
80158	DRUG SCREEN QUANTITA	CLINICAL LABORATORY
80160	DRUG SCREEN QUANTITA	CLINICAL LABORATORY
80162	DRUG SCREEN QUANTITA	CLINICAL LABORATORY
80164	DRUG SCREEN QUANTITA	CLINICAL LABORATORY
80166	DRUG SCREEN QUANTITA	CLINICAL LABORATORY
80168	DRUG SCREEN QUANTITA	CLINICAL LABORATORY
80170	DRUG SCREEN QUANTITA	CLINICAL LABORATORY
80172	DRUG SCREEN QUANTITA	CLINICAL LABORATORY
80173	DRUG SCREEN QUANTITA	CLINICAL LABORATORY
80174	DRUG SCREEN QUANTITA	CLINICAL LABORATORY
80176	DRUG SCREEN QUANTITA	CLINICAL LABORATORY
80178	DRUG SCREEN QUANTITA	CLINICAL LABORATORY
80182	DRUG SCREEN QUANTITA	CLINICAL LABORATORY
80184	DRUG SCREEN QUANTITA	CLINICAL LABORATORY
80185	DRUG SCREEN QUANTITA	CLINICAL LABORATORY
80186	DRUG SCREEN QUANTITA	CLINICAL LABORATORY
80188	DRUG SCREEN QUANTITA	CLINICAL LABORATORY

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Confidential and Proprietary Not for Distribution to Third Parties

CPT/HCPC Crosswalk to Type of Service

CPT	CPT Description	Type of Service
80190	DRUG SCREEN QUANTITA	CLINICAL LABORATORY
80192	DRUG SCREEN QUANTITA	CLINICAL LABORATORY
80194	DRUG SCREEN QUANTITA	CLINICAL LABORATORY
80195	DRUG SCREEN QUANTITA	CLINICAL LABORATORY
80196	DRUG SCREEN QUANTITA	CLINICAL LABORATORY
80197	DRUG SCREEN QUANTITA	CLINICAL LABORATORY
80198	DRUG SCREEN QUANTITA	CLINICAL LABORATORY
80200	DRUG SCREEN QUANTITA	CLINICAL LABORATORY
80201	DRUG SCREEN QUANTITA	CLINICAL LABORATORY
80202	DRUG SCREEN QUANTITA	CLINICAL LABORATORY
80299	QUANTITATION DRUG NO	CLINICAL LABORATORY
80400	ACTH STIMULATION PAN	CLINICAL LABORATORY
80402	ACTH STIMULATION PAN	CLINICAL LABORATORY
80406	ACTH STIMJ PANEL 3 B	CLINICAL LABORATORY
80408	ALDOSTERONE SUPPRESS	CLINICAL LABORATORY
80410	CALCITONIN STIMULATI	CLINICAL LABORATORY
80412	CORTICOTROPIC RELEAS	CLINICAL LABORATORY
80414	CHORNC GONAD STIMJ P	CLINICAL LABORATORY
80415	CHORNC GONAD STIMJ P	CLINICAL LABORATORY
80416	RENAL VEIN RENIN STI	CLINICAL LABORATORY
80417	PERIPHERAL VEIN RENI	CLINICAL LABORATORY
80418	COMBINED RAPID ANT P	CLINICAL LABORATORY
80420	DEXMETHASONE SUPPRES	CLINICAL LABORATORY
80422	GLUCOSE TOLERANCE PA	CLINICAL LABORATORY
80424	GLUCOSE TOLERANCE PA	CLINICAL LABORATORY
80426	GONADOTROPIN RELEASI	CLINICAL LABORATORY
80428	GROWTH HORMONE STIMU	CLINICAL LABORATORY
80430	GROWTH HORMONE SUPRJ	CLINICAL LABORATORY
80432	INSULIN-INDUCED C-PE	CLINICAL LABORATORY
80434	INSULIN TOLERANC PAN	CLINICAL LABORATORY
80435	INSULIN TOLERANCE PA	CLINICAL LABORATORY
80436	METYRAPONE PANEL	CLINICAL LABORATORY
80438	THYROTROPIN RELEASIN	CLINICAL LABORATORY
80439	THYROTROPIN RELEASIN	CLINICAL LABORATORY
80440	THYROTROPIN RELEAS H	CLINICAL LABORATORY
81050	VOLUME MEASUREMENT T	CLINICAL LABORATORY
81099	UNLISTED URINALYSIS	CLINICAL LABORATORY
81161	DMD DUPLICATION/DELE	CLINICAL LABORATORY
81200	ASPA GENE ANALYSIS C	CLINICAL LABORATORY
81201	APC GENE ANALYSIS FU	CLINICAL LABORATORY
81202	APC GENE ANALYSIS KN	CLINICAL LABORATORY
81203	APC GENE ANALYSIS DU	CLINICAL LABORATORY
81205	BCKDHB GENE ANALYSIS	CLINICAL LABORATORY
81206	BCR/ABL1 MAJOR BREAK	CLINICAL LABORATORY
81207	BCR/ABL1 MINOR BREAK	CLINICAL LABORATORY
81208	BCR/ABL1 OTHER BREAK	CLINICAL LABORATORY
81209	BLM GENE ANALYSIS 22	CLINICAL LABORATORY
81210	BRAF GENE ANALYSIS V	CLINICAL LABORATORY
81211	BRCA1&BRCA2 FULL SEQ	CLINICAL LABORATORY
81212	BRCA1&BRCA2 ANAL 185	CLINICAL LABORATORY
81213	BRCA1&BRCA2 ANAL UNC	CLINICAL LABORATORY
81214	BRCA1 FULL SEQ ANAL&	CLINICAL LABORATORY

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CPT/HCPC Crosswalk to Type of Service

CPT	CPT Description	Type of Service
81215	BRCA1 GENE ANALYSIS	CLINICAL LABORATORY
81216	BRCA2 GENE ANALYSIS	CLINICAL LABORATORY
81217	BRCA2 GENE ANALYSIS	CLINICAL LABORATORY
81220	CFTR GENE ANALYSIS C	CLINICAL LABORATORY
81221	CFTR GENE ANALYSIS K	CLINICAL LABORATORY
81222	CFTR GENE ANALYSIS D	CLINICAL LABORATORY
81223	CFTR GENE ANALYSIS F	CLINICAL LABORATORY
81224	CFTR GENE ANALYSIS I	CLINICAL LABORATORY
81225	CYP2C19 GENE ANALYSIS	CLINICAL LABORATORY
81226	CYP2D6 GENE ANALYSIS	CLINICAL LABORATORY
81227	CYP2C9 GENE ANALYSIS	CLINICAL LABORATORY
81228	CYTOGENOM CONST MICR	CLINICAL LABORATORY
81229	CYTOGENOM CONST MICR	CLINICAL LABORATORY
81235	EGFR GENE ANALYSIS C	CLINICAL LABORATORY
81240	F2 GENE ANALYSIS 202	CLINICAL LABORATORY
81241	F5 COAGULATION FACTO	CLINICAL LABORATORY
81242	FANCC GENE ANALYSIS	CLINICAL LABORATORY
81243	FMR1 ANALYSIS EVAL T	CLINICAL LABORATORY
81244	FMR1 GENE ANALYSIS C	CLINICAL LABORATORY
81245	FLT3 GENE ANALYSIS I	CLINICAL LABORATORY
81250	G6PC GENE ANALYSIS C	CLINICAL LABORATORY
81251	GBA GLUCOSIDASE/BETA	CLINICAL LABORATORY
81252	GJB2 GENE ANALYSIS F	CLINICAL LABORATORY
81253	GJB2 GENE ANALYSIS K	CLINICAL LABORATORY
81254	GJB6 GENE ANALYSIS C	CLINICAL LABORATORY
81255	HEXA GENE ANALYSIS C	CLINICAL LABORATORY
81256	HFE HEMOCHROMATOSIS	CLINICAL LABORATORY
81257	HBA1/HBA2 ANALYSIS F	CLINICAL LABORATORY
81260	IKBKAP GENE ANALYSIS	CLINICAL LABORATORY
81261	IGH@ REARRANGE ABNOR	CLINICAL LABORATORY
81262	IGH@ REARRANGE ABNOR	CLINICAL LABORATORY
81263	IGH@ VARIABLE REGION	CLINICAL LABORATORY
81264	IGK@ GENE REARRANGE	CLINICAL LABORATORY
81265	COMPARATIVE ANAL STR	CLINICAL LABORATORY
81266	COMPARATIVE ANAL STR	CLINICAL LABORATORY
81267	CHIMERISM W/COMP TO	CLINICAL LABORATORY
81268	CHIMERISM W/COMP TO	CLINICAL LABORATORY
81270	JAK2 GENE ANALYSIS P	CLINICAL LABORATORY
81275	KRAS GENE ANALYSIS V	CLINICAL LABORATORY
81280	LONG QT SYNDROME FUL	CLINICAL LABORATORY
81281	LONG QT SYNDROME ANA	CLINICAL LABORATORY
81282	LONG QT SYNDROME GEN	CLINICAL LABORATORY
81290	MCOLN1 MUCOLIPIN1 GE	CLINICAL LABORATORY
81291	MTHFR GENE ANALYSIS	CLINICAL LABORATORY
81292	MLH1 GENE ANALYSIS F	CLINICAL LABORATORY
81293	MLH1 GENE ANALYSIS K	CLINICAL LABORATORY
81294	MLH1 GENE ANALYSIS D	CLINICAL LABORATORY
81295	MSH2 GENE ANALYSIS F	CLINICAL LABORATORY
81296	MSH2 GENE ANALYSIS K	CLINICAL LABORATORY
81297	MSH2 GENE ANALYSIS D	CLINICAL LABORATORY
81298	MSH6 GENE ANALYSIS F	CLINICAL LABORATORY
81299	MSH6 GENE ANALYSIS K	CLINICAL LABORATORY

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CPT/HCPC Crosswalk to Type of Service

CPT	CPT Description	Type of Service
81300	MSH6 GENE ANALYSIS D	CLINICAL LABORATORY
81301	MICROSATELLITE INSTA	CLINICAL LABORATORY
81302	MECP2 GENE ANALYSIS	CLINICAL LABORATORY
81303	MECP2 GENE ANALYSIS	CLINICAL LABORATORY
81304	MECP2 GENE ANALYSIS	CLINICAL LABORATORY
81310	NPM1 NUCLEOPHOSMIN G	CLINICAL LABORATORY
81315	PML/RARALPHA COMMON	CLINICAL LABORATORY
81316	PML/RARALPHA SINGLE	CLINICAL LABORATORY
81317	PMS2 GENE ANALYSIS F	CLINICAL LABORATORY
81318	PMS2 GENE ANALYSIS K	CLINICAL LABORATORY
81319	PMS2 GENE ANALYSIS D	CLINICAL LABORATORY
81321	PTEN GENE ANALYSIS F	CLINICAL LABORATORY
81322	PTEN GENE ANALYSIS K	CLINICAL LABORATORY
81323	PTEN GENE ANALYSIS D	CLINICAL LABORATORY
81324	PMP22 GENE ANAL DUPL	CLINICAL LABORATORY
81325	PMP22 GENE ANALYSIS	CLINICAL LABORATORY
81326	PMP22 GENE ANALYSIS	CLINICAL LABORATORY
81330	SMPD1 GENE ANALYSIS	CLINICAL LABORATORY
81331	SNRPN/UBE3A METHYLAT	CLINICAL LABORATORY
81332	SERPINA1 GENE ANALYS	CLINICAL LABORATORY
81340	TRB@ REARRANGEMENT A	CLINICAL LABORATORY
81341	TRB@ REARRANGEMENT A	CLINICAL LABORATORY
81342	TRG@ GENE REARRANGEM	CLINICAL LABORATORY
81350	UGT1A1 GENE ANALYSIS	CLINICAL LABORATORY
81355	VKORC1 GENE ANALYSIS	CLINICAL LABORATORY
81370	HLA CLASS I&II LOW H	CLINICAL LABORATORY
81371	HLA I&II LOW RESOLUT	CLINICAL LABORATORY
81372	HLA CLASS I TYPING L	CLINICAL LABORATORY
81373	HLA CLASS I TYPING L	CLINICAL LABORATORY
81374	HLA I LOW RESOLUTION	CLINICAL LABORATORY
81375	HLA II LOW RESOLUTIO	CLINICAL LABORATORY
81376	HLA CLASS II TYPING	CLINICAL LABORATORY
81377	HLA II LOW RESOLUTIO	CLINICAL LABORATORY
81378	HLA I&II HIGH RESOLU	CLINICAL LABORATORY
81379	HLA CLASS I TYPING H	CLINICAL LABORATORY
81380	HLA CLASS I TYPING H	CLINICAL LABORATORY
81381	HLA I TYPING HIGH RE	CLINICAL LABORATORY
81382	HLA CLASS II TYPING	CLINICAL LABORATORY
81383	HLA II HIGH RESOLUTI	CLINICAL LABORATORY
81400	MOLECULAR PATHOLOGY	CLINICAL LABORATORY
81401	MOLECULAR PATHOLOGY	CLINICAL LABORATORY
81402	MOLECULAR PATHOLOGY	CLINICAL LABORATORY
81403	MOLECULAR PATHOLOGY	CLINICAL LABORATORY
81404	MOLECULAR PATHOLOGY	CLINICAL LABORATORY
81405	MOLECULAR PATHOLOGY	CLINICAL LABORATORY
81406	MOLECULAR PATHOLOGY	CLINICAL LABORATORY
81407	MOLECULAR PATHOLOGY	CLINICAL LABORATORY
81408	MOLECULAR PATHOLOGY	CLINICAL LABORATORY
81479	UNLISTED MOLELCULAR	CLINICAL LABORATORY
81500	ONCO (OVARIAN) BIOCH	CLINICAL LABORATORY
81503	ONCO (OVARIAN) BIOCH	CLINICAL LABORATORY
81506	ENDOCRINOLOGY BIOCHE	CLINICAL LABORATORY

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CPT/HCPC Crosswalk to Type of Service

CPT	CPT Description	Type of Service
81508	FETAL CONGENITAL ABN	CLINICAL LABORATORY
81509	FETAL CONGENITAL ABN	CLINICAL LABORATORY
81510	FETAL CONGENITAL ABN	CLINICAL LABORATORY
81511	FETAL CONGENITAL ABN	CLINICAL LABORATORY
81512	FETAL CONGENITAL ABN	CLINICAL LABORATORY
81599	UNLISTED MULTIANALYT	CLINICAL LABORATORY
82000	ASSAY ACETALDEHYDE B	CLINICAL LABORATORY
82003	ASSAY OF ACETAMINOPH	CLINICAL LABORATORY
82009	KETONE BODIES SERUM	CLINICAL LABORATORY
82013	ASSAY OF ACETYLCHOLI	CLINICAL LABORATORY
82016	ACYLCARNITINES QUALI	CLINICAL LABORATORY
82017	ACYLCARNITINES QUANT	CLINICAL LABORATORY
82024	ADRENOCORTICOTROPIC	CLINICAL LABORATORY
82030	ADENOSINE 5-MONOPHOS	CLINICAL LABORATORY
82040	ALBUMIN SERUM PLASMA	CLINICAL LABORATORY
82042	ALBUMIN URINE/OTHER	CLINICAL LABORATORY
82043	ALBUMIN URINE MICROA	CLINICAL LABORATORY
82045	ALBUMIN ISCHEMIA MOD	CLINICAL LABORATORY
82075	ASSAY OF ALCOHOL BRE	CLINICAL LABORATORY
82085	ASSAY OF ALDOLASE	CLINICAL LABORATORY
82088	ASSAY OF ALDOSTERONE	CLINICAL LABORATORY
82101	ALKALOIDS URINE QUAN	CLINICAL LABORATORY
82103	ALPHA-1-ANTITRYPSIN	CLINICAL LABORATORY
82104	ALPHA-1-ANTITRYPSIN	CLINICAL LABORATORY
82105	ALPHA-FETOPROTEIN SE	CLINICAL LABORATORY
82106	ALPHA-FETOPROTEIN AM	CLINICAL LABORATORY
82107	AFP-L3 FRACTION ISOF	CLINICAL LABORATORY
82108	ASSAY OF ALUMINUM	CLINICAL LABORATORY
82127	AMINO ACIDS 1 QUALIT	CLINICAL LABORATORY
82128	AMINO ACIDS MULTIPLE	CLINICAL LABORATORY
82131	AMINO ACIDS 1 QUANTI	CLINICAL LABORATORY
82135	AMINOLEVULINIC ACID	CLINICAL LABORATORY
82136	AMINO ACIDS 2-5 AMIN	CLINICAL LABORATORY
82139	AMINO ACIDS 6/> AMIN	CLINICAL LABORATORY
82140	ASSAY OF AMMONIA	CLINICAL LABORATORY
82143	AMNIOTIC FLUID SCAN	CLINICAL LABORATORY
82145	AMPHETAMINE OR METHA	CLINICAL LABORATORY
82150	ASSAY OF AMYLASE	CLINICAL LABORATORY
82154	ANDROSTANEDIOL GLUCU	CLINICAL LABORATORY
82157	ANDROSTENEDIONE	CLINICAL LABORATORY
82160	ANDROSTERONE	CLINICAL LABORATORY
82163	ANGIOTENSIN II	CLINICAL LABORATORY
82164	ANGIOTENSIN I - CONV	CLINICAL LABORATORY
82172	APOLIPOPROTEIN EACH	CLINICAL LABORATORY
82175	ASSAY OF ARSENIC	CLINICAL LABORATORY
82180	ASSAY OF ASCORBIC AC	CLINICAL LABORATORY
82190	ATOMIC ABSRPJ SPECTR	CLINICAL LABORATORY
82205	BARBITURATES NOT ELS	CLINICAL LABORATORY
82232	BETA-2 MICROGLOBULIN	CLINICAL LABORATORY
82239	BILE ACIDS TOTAL	CLINICAL LABORATORY
82240	BILE ACIDS; CHOLYLGL	CLINICAL LABORATORY
82247	BILIRUBIN TOTAL	CLINICAL LABORATORY

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CPT/HCPC Crosswalk to Type of Service

CPT	CPT Description	Type of Service
82248	BILIRUBIN DIRECT	CLINICAL LABORATORY
82252	BILIRUBIN FECES QUAL	CLINICAL LABORATORY
82261	BIOTINIDASE EACH SPE	CLINICAL LABORATORY
82286	BRADYKININ	CLINICAL LABORATORY
82300	CADMIUM	CLINICAL LABORATORY
82306	25 HYDROXY INCLUDES	CLINICAL LABORATORY
82308	CALCITONIN	CLINICAL LABORATORY
82310	CALCIUM TOTAL	CLINICAL LABORATORY
82330	CALCIUM; IONIZED	CLINICAL LABORATORY
82331	CALCIUM AFTER CALCIU	CLINICAL LABORATORY
82340	CALCIUM URINE QUANTI	CLINICAL LABORATORY
82355	CALCULUS QUALITATIVE	CLINICAL LABORATORY
82360	CALCULUS QUANTITATIV	CLINICAL LABORATORY
82365	CALCULUS INFRARED SP	CLINICAL LABORATORY
82370	CALCULUS XRAY DIFFRA	CLINICAL LABORATORY
82373	CARBOHYDRATE DEFICIE	CLINICAL LABORATORY
82374	CARBON DIOXIDE BICAR	CLINICAL LABORATORY
82375	CARBOXYHEMOGLOBIN QU	CLINICAL LABORATORY
82376	CARBOXYHEMOGLOBIN QU	CLINICAL LABORATORY
82378	CARCINOEMBRYONIC ANT	CLINICAL LABORATORY
82379	CARNITINE QUANTITATI	CLINICAL LABORATORY
82380	CAROTENE	CLINICAL LABORATORY
82382	CATECHOLAMINES TOTAL	CLINICAL LABORATORY
82383	CATECHOLAMINES BLOOD	CLINICAL LABORATORY
82384	CATECHOLAMINES FRACT	CLINICAL LABORATORY
82387	CATHEPSIN-D	CLINICAL LABORATORY
82390	CERULOPLASMIN	CLINICAL LABORATORY
82397	CHEMILUMINESCENT ASS	CLINICAL LABORATORY
82415	CHLORAMPHENICOL	CLINICAL LABORATORY
82435	CHLORIDE; BLOOD	CLINICAL LABORATORY
82436	CHLORIDE; URINE	CLINICAL LABORATORY
82438	CHLORIDE OTHER SOURC	CLINICAL LABORATORY
82441	CHLORINATED HYDROCAR	CLINICAL LABORATORY
82465	CHOLESTEROL SERUM/WH	CLINICAL LABORATORY
82480	CHOLINESTERASE; SERU	CLINICAL LABORATORY
82482	CHOLINESTERASE; RBC	CLINICAL LABORATORY
82485	CHONDROITIN B SULFAT	CLINICAL LABORATORY
82486	CHROMATOGRAPHY QUAL	CLINICAL LABORATORY
82487	CHROMATOGRAPHY QUAL	CLINICAL LABORATORY
82488	CHROMATOGRAPHY QUAL	CLINICAL LABORATORY
82489	CHROMATOGRAPHY QUAL	CLINICAL LABORATORY
82491	CHROMATOGRAPHY QUAN	CLINICAL LABORATORY
82492	CHROMATOGRAPHY QUAN	CLINICAL LABORATORY
82495	ASSAY OF CHROMIUM	CLINICAL LABORATORY
82507	ASSAY OF CITRATE	CLINICAL LABORATORY
82520	COCAINE OR METABOLIT	CLINICAL LABORATORY
82523	COLLAGEN CROSS LINKS	CLINICAL LABORATORY
82525	ASSAY OF COPPER	CLINICAL LABORATORY
82528	CORTICOSTERONE	CLINICAL LABORATORY
82530	CORTISOL FREE	CLINICAL LABORATORY
82533	CORTISOL TOTAL	CLINICAL LABORATORY
82540	ASSAY OF CREATINE	CLINICAL LABORATORY

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CPT/HCPC Crosswalk to Type of Service

CPT	CPT Description	Type of Service
82541	COL-CHR/MS QUAL 1 ST	CLINICAL LABORATORY
82542	COL-CHR/MS QUAN 1 ST	CLINICAL LABORATORY
82543	COL-CHR/MS STABLE IS	CLINICAL LABORATORY
82544	COL-CHR/MS STABLE IS	CLINICAL LABORATORY
82550	CREATINE KINASE TOTA	CLINICAL LABORATORY
82552	CREATINE KINASE; ISO	CLINICAL LABORATORY
82553	CREATINE KINASE MB F	CLINICAL LABORATORY
82554	CREATINE KINASE; ISO	CLINICAL LABORATORY
82565	CREATININE BLOOD	CLINICAL LABORATORY
82570	CREATININE OTHER SOU	CLINICAL LABORATORY
82575	CREATININE; CLEARANC	CLINICAL LABORATORY
82585	ASSAY OF CRYOFIBRN	CLINICAL LABORATORY
82595	CRYOGLOBULIN QUALITA	CLINICAL LABORATORY
82600	ASSAY OF CYANIDE	CLINICAL LABORATORY
82607	CYANOCOBALAMIN VITAM	CLINICAL LABORATORY
82608	CYANOCOBALAMIN VIT B	CLINICAL LABORATORY
82610	CYSTATIN C	CLINICAL LABORATORY
82615	CSTINE&HOMOCSTINE UR	CLINICAL LABORATORY
82626	DEHYDROEPIANDROSTERO	CLINICAL LABORATORY
82627	DEHYDROEPIANDROSTERO	CLINICAL LABORATORY
82633	DESOXYCORTICOSTERONE	CLINICAL LABORATORY
82634	DEOXYCORTISOL 11-	CLINICAL LABORATORY
82638	ASSAY OF DIBUCAINE N	CLINICAL LABORATORY
82646	ASSAY OF DIHYDROCODE	CLINICAL LABORATORY
82649	ASSAY OF DIHYDROMORP	CLINICAL LABORATORY
82651	ASSAY OF DIHYDROTSTO	CLINICAL LABORATORY
82652	1 25 DIHYDROXY INCLU	CLINICAL LABORATORY
82654	ASSAY OF DIMETHADION	CLINICAL LABORATORY
82656	ELASTASE PANCREATIC	CLINICAL LABORATORY
82657	NZYM ACTIV BLD CELLS	CLINICAL LABORATORY
82658	NZYM ACTV BLOOD CELL	CLINICAL LABORATORY
82664	ELCTROPHORETIC TECHN	CLINICAL LABORATORY
82666	ASSAY OF EPIANDROSTE	CLINICAL LABORATORY
82668	ASSAY OF ERYTHROPOIE	CLINICAL LABORATORY
82670	ASSAY OF ESTRADIOL	CLINICAL LABORATORY
82671	ASSAY OF ESTROGENS F	CLINICAL LABORATORY
82672	ASSAY OF ESTROGENS T	CLINICAL LABORATORY
82677	ASSAY OF ESTRIOL	CLINICAL LABORATORY
82679	ASSAY OF ESTRONE	CLINICAL LABORATORY
82690	ASSAY OF ETHCHLORVYN	CLINICAL LABORATORY
82693	ASSAY OF ETHYLENE GL	CLINICAL LABORATORY
82696	ASSAY OF ETIOCHOLANO	CLINICAL LABORATORY
82705	FAT/LIPIDS FECES QUA	CLINICAL LABORATORY
82710	FAT/LIPIDS FECES QUA	CLINICAL LABORATORY
82715	FAT DIFFIAL FECES QU	CLINICAL LABORATORY
82725	FATTY ACIDS NONESTER	CLINICAL LABORATORY
82726	VERY LONG CHAIN FATT	CLINICAL LABORATORY
82728	ASSAY OF FERRITIN	CLINICAL LABORATORY
82731	FETAL FIBRONECTIN CE	CLINICAL LABORATORY
82735	ASSAY OF FLUORIDE	CLINICAL LABORATORY
82742	ASSAY OF FLURAZEPAM	CLINICAL LABORATORY
82746	ASSAY OF FOLIC ACID	CLINICAL LABORATORY

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CPT/HCPC Crosswalk to Type of Service

CPT	CPT Description	Type of Service
82747	ASSAY OF FOLIC ACID	CLINICAL LABORATORY
82757	ASSAY OF FRUCTOSE SE	CLINICAL LABORATORY
82759	ASSAY OF GALACTOKINA	CLINICAL LABORATORY
82760	ASSAY OF GALACTOSE	CLINICAL LABORATORY
82775	GALACTOSE-1-PHOSPHAT	CLINICAL LABORATORY
82776	GALACTOSE-1-PHOSPHAT	CLINICAL LABORATORY
82777	GALECTIN 3	CLINICAL LABORATORY
82784	ASSAY OF GAMMAGLOBUL	CLINICAL LABORATORY
82785	ASSAY OF GAMMAGLOBUL	CLINICAL LABORATORY
82787	GAMMAGLOBULIN IMMUNO	CLINICAL LABORATORY
82800	GASES BLOOD PH ONLY	CLINICAL LABORATORY
82803	BLOOD GASES ANY COMB	CLINICAL LABORATORY
82805	GASES BLOOD PH DIREC	CLINICAL LABORATORY
82810	GASES BLOOD O2 SATUR	CLINICAL LABORATORY
82820	HEMOGLOBIN-OXYGEN AF	CLINICAL LABORATORY
82930	GASTRIC ACID ANALYIS	CLINICAL LABORATORY
82938	GASTRIN AFTER SECRET	CLINICAL LABORATORY
82941	ASSAY OF GASTRIN	CLINICAL LABORATORY
82943	ASSAY OF GLUCAGON	CLINICAL LABORATORY
82946	GLUCOSE TOLERANCE TE	CLINICAL LABORATORY
82953	GLUCOSE; TOLBUTAMIDE	CLINICAL LABORATORY
82955	GLUC-6-PHOSPHATE DEH	CLINICAL LABORATORY
82960	GLUC-6-PHOSPHATE DEH	CLINICAL LABORATORY
82963	ASSAY OF GLUCOSIDASE	CLINICAL LABORATORY
82965	ASSAY OF GLUTAMATE D	CLINICAL LABORATORY
82975	ASSAY OF GLUTAMINE	CLINICAL LABORATORY
82977	ASSAY OF GLUTAMYLTRA	CLINICAL LABORATORY
82978	ASSAY OF GLUTATHIONE	CLINICAL LABORATORY
82979	ASSAY OF GLUTATHIONE	CLINICAL LABORATORY
82980	ASSAY OF GLUTETHIMID	CLINICAL LABORATORY
83001	GONADOTROPIN FOLLICL	CLINICAL LABORATORY
83002	GONADOTROPIN LUTEINI	CLINICAL LABORATORY
83003	ASSAY OF GROWTH HORM	CLINICAL LABORATORY
83008	ASSAY OF GUANOSINE M	CLINICAL LABORATORY
83009	HPYLORI BLOOD ANAL U	CLINICAL LABORATORY
83010	ASSAY OF HAPTOGLOBIN	CLINICAL LABORATORY
83012	ASSAY OF HAPTOGLOBIN	CLINICAL LABORATORY
83013	HPYLORI BREATH ANAL	CLINICAL LABORATORY
83014	HPYLORI DRUG ADMINIS	CLINICAL LABORATORY
83015	HEAVY METAL SCREEN	CLINICAL LABORATORY
83018	HEAVY METAL QUANTIAT	CLINICAL LABORATORY
83020	HEMOGLOBIN FRACTJ/QU	CLINICAL LABORATORY
83021	HEMOGLOBIN FRACTJ/QU	CLINICAL LABORATORY
83030	HEMOGLOBIN F FETAL C	CLINICAL LABORATORY
83033	HEMOGLOBIN F FETAL Q	CLINICAL LABORATORY
83036	HEMOGLOBIN GLYCOSYLA	CLINICAL LABORATORY
83045	HEMOGLOBIN METHEMOGL	CLINICAL LABORATORY
83050	HEMOGLOBIN METHEMOGL	CLINICAL LABORATORY
83051	ASSAY OF HEMOGLOBIN	CLINICAL LABORATORY
83055	HEMOGLOBIN SULFHEMOG	CLINICAL LABORATORY
83060	HEMOGLOBIN SULFHEMOG	CLINICAL LABORATORY
83065	HEMOGLOBIN THERMOLAB	CLINICAL LABORATORY

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CPT/HCPC Crosswalk to Type of Service

CPT	CPT Description	Type of Service
83068	HEMOGLOBIN UNSTABLE	CLINICAL LABORATORY
83069	ASSAY OF HEMOGLOBIN	CLINICAL LABORATORY
83070	ASSAY OF HEMOSIDERIN	CLINICAL LABORATORY
83071	ASSAY OF HEMOSIDERIN	CLINICAL LABORATORY
83080	ASSAY OF B-HEXOSAMIN	CLINICAL LABORATORY
83088	ASSAY OF HISTAMINE	CLINICAL LABORATORY
83090	ASSAY OF HOMOCYSTEIN	CLINICAL LABORATORY
83150	ASSAY OF HOMOVANILLI	CLINICAL LABORATORY
83491	HYDROXYCORTICOSTEROI	CLINICAL LABORATORY
83497	ASSAY OF HYDROXYINDO	CLINICAL LABORATORY
83498	ASSAY OF HYDROXYPROG	CLINICAL LABORATORY
83499	ASSAY OF HYDROXYPROG	CLINICAL LABORATORY
83500	ASSAY OF HYDROXYPROL	CLINICAL LABORATORY
83505	ASSAY OF HYDROXYPROL	CLINICAL LABORATORY
83516	IMMUNOASSAY ANALYTE	CLINICAL LABORATORY
83519	IMMUNOASSAY ANALYTE	CLINICAL LABORATORY
83520	IMMUNOASSAY ANALYTE	CLINICAL LABORATORY
83525	ASSAY OF INSULIN TOT	CLINICAL LABORATORY
83527	ASSAY OF INSULIN FRE	CLINICAL LABORATORY
83528	ASSAY OF INTRINSIC F	CLINICAL LABORATORY
83540	ASSAY OF IRON	CLINICAL LABORATORY
83550	IRON BINDING CAPACIT	CLINICAL LABORATORY
83570	ISOCITRIC DEHYDROGEN	CLINICAL LABORATORY
83582	ASSAY OF KETOGENIC S	CLINICAL LABORATORY
83586	ASSAY OF KETOSTEROID	CLINICAL LABORATORY
83593	KETOSTEROIDS 17- FRA	CLINICAL LABORATORY
83605	ASSAY OF LACTATE	CLINICAL LABORATORY
83615	LACTATE DEHYDROGENAS	CLINICAL LABORATORY
83625	LACTATE DEHYDROGENAS	CLINICAL LABORATORY
83630	LACTOFERRIN FECAL QU	CLINICAL LABORATORY
83631	LACTOFERRIN FECAL QU	CLINICAL LABORATORY
83632	LACTOGEN HPL HUMAN C	CLINICAL LABORATORY
83633	LACTOSE URINE QUALIT	CLINICAL LABORATORY
83634	LACTOSE URINE QUANTI	CLINICAL LABORATORY
83655	ASSAY OF LEAD	CLINICAL LABORATORY
83661	FETAL LUNG MATURITY	CLINICAL LABORATORY
83662	FETAL LUNG MATURITY	CLINICAL LABORATORY
83663	FETAL LUNG MATURITY	CLINICAL LABORATORY
83664	FETAL LUNG MATURITY	CLINICAL LABORATORY
83670	LEUCINE AMINOPEPTIDA	CLINICAL LABORATORY
83690	ASSAY OF LIPASE	CLINICAL LABORATORY
83695	LIPOPROTEIN A	CLINICAL LABORATORY
83698	LIPOPROTEIN-ASSOCIAT	CLINICAL LABORATORY
83700	LIPOPROTEIN BLOOD EL	CLINICAL LABORATORY
83701	LIPOPROTEIN BLOOD HI	CLINICAL LABORATORY
83704	LIPOPROTEIN BLOOD QU	CLINICAL LABORATORY
83718	LIPOPROTEIN DIR MEAS	CLINICAL LABORATORY
83719	LIPOPROTEIN DIRECT M	CLINICAL LABORATORY
83721	LIPOPROTEIN DIRECT M	CLINICAL LABORATORY
83727	LUTEINIZING RELEASIN	CLINICAL LABORATORY
83735	ASSAY OF MAGNESIUM	CLINICAL LABORATORY
83775	ASSAY OF MALATE DEHY	CLINICAL LABORATORY

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CPT/HCPC Crosswalk to Type of Service

CPT	CPT Description	Type of Service
83785	ASSAY OF MANGANESE	CLINICAL LABORATORY
83788	MASS & TANDEM SPECTR	CLINICAL LABORATORY
83789	MASS & TANDEM SPECTR	CLINICAL LABORATORY
83805	ASSAY OF MEPROBAMATE	CLINICAL LABORATORY
83825	ASSAY OF MERCURY QUA	CLINICAL LABORATORY
83835	METANEPHRINES	CLINICAL LABORATORY
83840	METHADONE	CLINICAL LABORATORY
83857	METHEMALBUMIN	CLINICAL LABORATORY
83858	METHSUXIMIDE	CLINICAL LABORATORY
83861	MICROFLUIDIC ANALYSI	CLINICAL LABORATORY
83864	MUCOPOLYSACCHARIDES	CLINICAL LABORATORY
83866	MUCOPOLYSACCHARIDES	CLINICAL LABORATORY
83872	MUCIN SYNOVIAL FLUID	CLINICAL LABORATORY
83873	MYELIN BASIC PROTEIN	CLINICAL LABORATORY
83874	MYOGLOBIN	CLINICAL LABORATORY
83876	MYELOPEROXIDASE MPO	CLINICAL LABORATORY
83880	NATRIURETIC PEPTIDE	CLINICAL LABORATORY
83883	ASSAY OF NEPHELOMETR	CLINICAL LABORATORY
83885	ASSAY OF NICKEL	CLINICAL LABORATORY
83887	ASSAY OF NICOTINE	CLINICAL LABORATORY
83915	ASSAY OF NUCLEOTIDAS	CLINICAL LABORATORY
83916	OLIGOCLONAL IMMUNE	CLINICAL LABORATORY
83918	ORGANIC ACIDS TOTAL	CLINICAL LABORATORY
83919	ORGANIC ACIDS QUALIT	CLINICAL LABORATORY
83921	ORGANIC ACID 1 QUANT	CLINICAL LABORATORY
83925	OPIATE(S) DRUG AND M	CLINICAL LABORATORY
83930	ASSAY OF OSMOLALITY	CLINICAL LABORATORY
83935	ASSAY OF OSMOLALITY	CLINICAL LABORATORY
83937	ASSAY OF OSTEOCALCIN	CLINICAL LABORATORY
83945	ASSAY OF OXALATE	CLINICAL LABORATORY
83950	ONCOPROTEIN HER-2/NE	CLINICAL LABORATORY
83951	ONCOPROTEIN DES-GAMM	CLINICAL LABORATORY
83970	ASSAY OF PARATHORMON	CLINICAL LABORATORY
83987	PH EXHALED BREATH CO	CLINICAL LABORATORY
83992	ASSAY OF PHENCYCLIDI	CLINICAL LABORATORY
83993	ASSAY OF CALPROTECTI	CLINICAL LABORATORY
84022	ASSAY OF PHENOTHAZI	CLINICAL LABORATORY
84030	ASSAY OF PHENYLALANI	CLINICAL LABORATORY
84035	ASSAY OF PHENYLKETON	CLINICAL LABORATORY
84060	ASSAY OF PHOSPHATASE	CLINICAL LABORATORY
84061	PHOSPHATASE ACID FOR	CLINICAL LABORATORY
84066	ASSAY OF PHOSPHATASE	CLINICAL LABORATORY
84075	ASSAY OF PHOSPHATASE	CLINICAL LABORATORY
84078	ASSAY OF PHOSPHATASE	CLINICAL LABORATORY
84080	ASSAY OF PHOSPHATASE	CLINICAL LABORATORY
84081	PHOSPHATIDYLGLYCEROL	CLINICAL LABORATORY
84085	PHOSPHOGLUCONATE 6-	CLINICAL LABORATORY
84087	ASSAY OF PHOSPHOHEXO	CLINICAL LABORATORY
84100	ASSAY OF PHOSPHORUS	CLINICAL LABORATORY
84105	ASSAY OF PHOSPHORUS	CLINICAL LABORATORY
84106	PORPHOBILINOGEN URIN	CLINICAL LABORATORY
84110	ASSAY OF PORPHOBILIN	CLINICAL LABORATORY

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CPT/HCPC Crosswalk to Type of Service

CPT	CPT Description	Type of Service
84112	PLACENTAL ALPHA MICR	CLINICAL LABORATORY
84119	PORPHYRINS URINE QUA	CLINICAL LABORATORY
84120	PORPHYRINS URINE QUA	CLINICAL LABORATORY
84126	PORPHYRINS FECES QUA	CLINICAL LABORATORY
84127	PORPHYRINS FECES QUA	CLINICAL LABORATORY
84132	POTASSIUM SERUM PLAS	CLINICAL LABORATORY
84133	POTASSIUM; URINE	CLINICAL LABORATORY
84134	PREALBUMIN	CLINICAL LABORATORY
84135	PREGNANEDIOL	CLINICAL LABORATORY
84138	PREGNANETRIOL	CLINICAL LABORATORY
84140	PREGNENOLONE	CLINICAL LABORATORY
84143	17-HYDROXYPREGNENOLO	CLINICAL LABORATORY
84144	ASSAY OF PROGESTERON	CLINICAL LABORATORY
84145	PROCALCITONIN (PCT)	CLINICAL LABORATORY
84146	ASSAY OF PROLACTIN	CLINICAL LABORATORY
84150	ASSAY OF PROSTAGLANDI	CLINICAL LABORATORY
84152	ASSAY OF PROSTATE SP	CLINICAL LABORATORY
84153	ASSAY OF PROSTATE SP	CLINICAL LABORATORY
84154	ASSAY OF PROSTATE SP	CLINICAL LABORATORY
84155	PROTEIN XCPT REFRACT	CLINICAL LABORATORY
84156	PROTEIN TOTAL XCPT R	CLINICAL LABORATORY
84157	PROTEIN TOTAL XCPT R	CLINICAL LABORATORY
84160	PROTEIN TOTAL REFRAC	CLINICAL LABORATORY
84165	PROTEIN ELECTROPHORE	CLINICAL LABORATORY
84166	PROTEIN ELECTROP FXJ	CLINICAL LABORATORY
84181	PROTEIN WESTRN BLOT	CLINICAL LABORATORY
84182	PROTEIN WESTRN BLOT	CLINICAL LABORATORY
84202	PROTOPORPHYRIN RBC Q	CLINICAL LABORATORY
84203	PROTOPORPHYRIN RBC S	CLINICAL LABORATORY
84206	ASSAY OF PROINSULIN	CLINICAL LABORATORY
84207	ASSAY OF PYRIDOXAL P	CLINICAL LABORATORY
84210	ASSAY OF PYRUVATE	CLINICAL LABORATORY
84220	ASSAY OF PYRUVATE KI	CLINICAL LABORATORY
84228	ASSAY OF QUININE	CLINICAL LABORATORY
84233	ASSAY OF RECEPTOR AS	CLINICAL LABORATORY
84234	ASSAY OF RECEPTOR AS	CLINICAL LABORATORY
84235	RECEPTOR ASSAY ENDOC	CLINICAL LABORATORY
84238	RECEPTOR ASSAY NON-E	CLINICAL LABORATORY
84244	ASSAY OF RENIN	CLINICAL LABORATORY
84252	ASSAY OF RIBOFLAVIN-	CLINICAL LABORATORY
84255	ASSAY OF SELENIUM	CLINICAL LABORATORY
84260	ASSAY OF SEROTONIN	CLINICAL LABORATORY
84270	ASSAY OF SEX HORMONE	CLINICAL LABORATORY
84275	ASSAY OF SIALIC ACID	CLINICAL LABORATORY
84285	ASSAY OF SILICA	CLINICAL LABORATORY
84295	SODIUM SERUM PLASMA	CLINICAL LABORATORY
84300	ASSAY OF URINE SODIU	CLINICAL LABORATORY
84302	ASSAY OF SODIUM OTHE	CLINICAL LABORATORY
84305	ASSAY OF SOMATOMEDIN	CLINICAL LABORATORY
84307	ASSAY OF SOMATOSTATI	CLINICAL LABORATORY
84311	SPECTROPHOTOMETRY AN	CLINICAL LABORATORY
84315	SPECIFIC GRAVITY EXC	CLINICAL LABORATORY

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CPT/HCPC Crosswalk to Type of Service

CPT	CPT Description	Type of Service
84375	SUGARS CHROMATOGRAPH	CLINICAL LABORATORY
84376	SUGARS MONO DI&OLIGO	CLINICAL LABORATORY
84377	SUGARS MONO DI&OLIGO	CLINICAL LABORATORY
84378	SUGARS MONO DI&OLIGO	CLINICAL LABORATORY
84379	SUGARS MONO DI&OLIGO	CLINICAL LABORATORY
84392	ASSAY OF SULFATE URI	CLINICAL LABORATORY
84402	ASSAY OF TESTOSTERON	CLINICAL LABORATORY
84403	ASSAY OF TESTOSTERON	CLINICAL LABORATORY
84425	ASSAY OF THIAMINE-VI	CLINICAL LABORATORY
84430	ASSAY OF THIOCYANATE	CLINICAL LABORATORY
84431	THROMBOXANE METABOLI	CLINICAL LABORATORY
84432	ASSAY OF THYROGLOBUL	CLINICAL LABORATORY
84436	ASSAY OF THYROXINE T	CLINICAL LABORATORY
84437	ASSAY OF THYROXINE R	CLINICAL LABORATORY
84439	ASSAY OF FREE THYROX	CLINICAL LABORATORY
84442	ASSAY OF THYROXINE B	CLINICAL LABORATORY
84443	ASSAY OF THYROID STI	CLINICAL LABORATORY
84445	THYROID STIMULATING	CLINICAL LABORATORY
84446	ASSAY OF TOCOPHEROL	CLINICAL LABORATORY
84449	ASSAY OF TRASCORTIN	CLINICAL LABORATORY
84450	TRANSFERASE ASPARTAT	CLINICAL LABORATORY
84460	TRANSFERASE ALANINE	CLINICAL LABORATORY
84466	ASSAY OF L7383TRANSF	CLINICAL LABORATORY
84478	ASSAY OF TRIGLYCERID	CLINICAL LABORATORY
84479	THYROID HORM UPTK/TH	CLINICAL LABORATORY
84480	ASSAY OF TRIIODOTHR	CLINICAL LABORATORY
84481	ASSAY OF TRIIODOTHR	CLINICAL LABORATORY
84482	TRIIODOTHYRONINE T3	CLINICAL LABORATORY
84484	ASSAY OF TROPONIN QU	CLINICAL LABORATORY
84485	ASSAY OF TRYPSIN DUO	CLINICAL LABORATORY
84488	ASSAY OF TRYPSIN FEC	CLINICAL LABORATORY
84490	TRYPSIN FECES QUANTI	CLINICAL LABORATORY
84510	ASSAY OF TYROSINE	CLINICAL LABORATORY
84512	ASSAY OF TROPONIN QU	CLINICAL LABORATORY
84520	ASSAY OF UREA NITROG	CLINICAL LABORATORY
84525	ASSAY OF UREA NITROG	CLINICAL LABORATORY
84540	ASSAY OF UREA NITROG	CLINICAL LABORATORY
84545	UREA NITROGEN CLEARA	CLINICAL LABORATORY
84550	ASSAY OF BLOOD/URIC	CLINICAL LABORATORY
84560	ASSAY OF URIC ACID O	CLINICAL LABORATORY
84577	ASSAY OF UROBILINOGE	CLINICAL LABORATORY
84578	ASSAY OF UROBILINOGE	CLINICAL LABORATORY
84580	UROBILINOGEN URINE Q	CLINICAL LABORATORY
84583	ASSAY OF UROBILINOGE	CLINICAL LABORATORY
84585	ASSAY OF VANILLYLMAN	CLINICAL LABORATORY
84586	ASSAY OF VASOACTIVE	CLINICAL LABORATORY
84588	ASSAY OF VASOPRESSIN	CLINICAL LABORATORY
84590	ASSAY OF VITAMIN A	CLINICAL LABORATORY
84591	ASSAY OF VITAMIN NOT	CLINICAL LABORATORY
84597	ASSAY OF VITAMIN K	CLINICAL LABORATORY
84600	ASSAY OF VOLATILES	CLINICAL LABORATORY
84620	XYLOSE ABSORPTION TE	CLINICAL LABORATORY

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CPT/HCPC Crosswalk to Type of Service

CPT	CPT Description	Type of Service
84630	ASSAY OF ZINC	CLINICAL LABORATORY
84681	ASSAY OF C-PEPTIDE	CLINICAL LABORATORY
84703	GONADOTROPIN CHORION	CLINICAL LABORATORY
84999	UNLISTED CHEMISTRY P	CLINICAL LABORATORY
85002	BLEEDING TIME TEST	CLINICAL LABORATORY
85004	BLOOD COUNT AUTOMATE	CLINICAL LABORATORY
85007	BLOOD COUNT SMEAR MC	CLINICAL LABORATORY
85008	BLD COUNT SMEAR MC RS	CLINICAL LABORATORY
85009	BLOOD COUNT MANUAL D	CLINICAL LABORATORY
85025	BLOOD COUNT COMPLETE	CLINICAL LABORATORY
85027	BLOOD COUNT COMPLETE	CLINICAL LABORATORY
85032	BLOOD COUNT MANUAL C	CLINICAL LABORATORY
85041	BLOOD COUNT RED BLOO	CLINICAL LABORATORY
85044	BLOOD COUNT RETICULO	CLINICAL LABORATORY
85045	BLOOD COUNT RETICULO	CLINICAL LABORATORY
85046	BLOOD COUNT RETICULO	CLINICAL LABORATORY
85048	BLOOD COUNT LEUKOCYT	CLINICAL LABORATORY
85049	BLOOD COUNT PLATELET	CLINICAL LABORATORY
85055	RETICULATED PLATELET	CLINICAL LABORATORY
85060	BLOOD SMEAR PERIPHER	CLINICAL LABORATORY
85097	BONE MARROW SMEAR IN	CLINICAL LABORATORY
85130	CHROMOGENIC SUBSTRAT	CLINICAL LABORATORY
85170	BLOOD CLOT RETRACTIO	CLINICAL LABORATORY
85175	CLOT LYSIS TIME WHOL	CLINICAL LABORATORY
85210	CLOTTING FACTOR II P	CLINICAL LABORATORY
85220	CLOTTING FACTOR V AC	CLINICAL LABORATORY
85230	CLOTTING FACTOR VII	CLINICAL LABORATORY
85240	CLOTTING FACTOR VIII	CLINICAL LABORATORY
85244	CLOTTING FACTOR VIII	CLINICAL LABORATORY
85245	CLOTTING FACTOR VIII	CLINICAL LABORATORY
85246	CLOTTING FACTOR VIII	CLINICAL LABORATORY
85247	CLOTTING FACTOR VIII	CLINICAL LABORATORY
85250	CLOTTING FACTOR IX P	CLINICAL LABORATORY
85260	CLOTTING FACTOR X ST	CLINICAL LABORATORY
85270	CLOTTING FACTOR XI P	CLINICAL LABORATORY
85280	CLOTTING FACTOR XII	CLINICAL LABORATORY
85290	CLOTTING FACTOR XIII	CLINICAL LABORATORY
85291	CLOTTING FACTOR XIII	CLINICAL LABORATORY
85292	CLOTTING PREKALLIKRE	CLINICAL LABORATORY
85293	CLOTTING HI MOLEC WE	CLINICAL LABORATORY
85300	CLOTTING INHIBITORS	CLINICAL LABORATORY
85301	CLOTTING INHIBITRS A	CLINICAL LABORATORY
85302	CLOTTING INHIBITORS	CLINICAL LABORATORY
85303	CLOTTING INHIBITORS	CLINICAL LABORATORY
85305	CLOTTING INHIBITORS	CLINICAL LABORATORY
85306	CLOTTING INHIBITORS	CLINICAL LABORATORY
85307	ACTIVATED PROT C RES	CLINICAL LABORATORY
85335	FACTOR INHIBITOR TES	CLINICAL LABORATORY
85337	THROMBOMODULIN	CLINICAL LABORATORY
85345	COAGULATION TIME LEE	CLINICAL LABORATORY
85347	COAGULATION TIME ACT	CLINICAL LABORATORY
85348	COAGULATION TIME OTH	CLINICAL LABORATORY

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CPT/HCPC Crosswalk to Type of Service

CPT	CPT Description	Type of Service
85360	EUGLOBULIN LYSIS	CLINICAL LABORATORY
85362	FIBRN DEGRAD PROD; A	CLINICAL LABORATORY
85366	FIBRIN DEGRADAT PROD	CLINICAL LABORATORY
85370	FIBRIN DGRADJ SPLT P	CLINICAL LABORATORY
85378	FIBRIN DGRADJ PRODUC	CLINICAL LABORATORY
85379	FIBRIN DGRADJ PRODUC	CLINICAL LABORATORY
85380	FIBRIN DGRADJ PRODUC	CLINICAL LABORATORY
85384	FIBRINOGEN ACTIVITY	CLINICAL LABORATORY
85385	FIBRINOGEN ANTIGEN	CLINICAL LABORATORY
85390	FIBRINOLYSINS/COAGUL	CLINICAL LABORATORY
85396	COAGJ/FBRNLYS ASSAY	CLINICAL LABORATORY
85397	COAGJ&FIBRINOLYSIS F	CLINICAL LABORATORY
85400	FIBRINOLYTIC FACTORS	CLINICAL LABORATORY
85410	FBRNLYC FACTORS&INHI	CLINICAL LABORATORY
85415	FBRNLYC FACTORS&INHI	CLINICAL LABORATORY
85420	FBRNLYC FACTORS&INHI	CLINICAL LABORATORY
85421	FBRNLYC FACTORS&INHI	CLINICAL LABORATORY
85441	HEINZ BODIES DIRECT	CLINICAL LABORATORY
85445	HEINZ BOD; INDUCED A	CLINICAL LABORATORY
85460	HGB/RBCS FETAL FETOM	CLINICAL LABORATORY
85461	HGB/RBCS FETAL FETOM	CLINICAL LABORATORY
85475	HEMOLYSIN ACID	CLINICAL LABORATORY
85520	HEPARIN ASSAY	CLINICAL LABORATORY
85525	HEPARIN NEUTRALIZATI	CLINICAL LABORATORY
85530	HEPARIN-PROTAMINE TO	CLINICAL LABORATORY
85536	IRON STAIN PERIPHERA	CLINICAL LABORATORY
85540	WBC ALKALINE PHOSPHA	CLINICAL LABORATORY
85547	MECHANICAL FRAGILITY	CLINICAL LABORATORY
85549	MURAMIDASE	CLINICAL LABORATORY
85555	OSMOTIC FRAGILITY RB	CLINICAL LABORATORY
85557	OSMOTIC FRAGILITY RB	CLINICAL LABORATORY
85576	PLATELET AGGREGATION	CLINICAL LABORATORY
85597	PHOSPHOLIPID NEUTRAL	CLINICAL LABORATORY
85598	PHOSPHOLIPID NEUTRAL	CLINICAL LABORATORY
85611	PROTHROMBIN TIME SUB	CLINICAL LABORATORY
85612	RUSSELL VIPER VENON	CLINICAL LABORATORY
85613	RUSSELL VIPER VENOM	CLINICAL LABORATORY
85635	REPTILASE TEST	CLINICAL LABORATORY
85652	SEDIMENTATION RATE R	CLINICAL LABORATORY
85660	SICKLING RBC REDUCTI	CLINICAL LABORATORY
85670	THROMBIN TIME PLASMA	CLINICAL LABORATORY
85675	THROMBIN TIME TITER	CLINICAL LABORATORY
85705	THROMBOPLASTIN INHIB	CLINICAL LABORATORY
85730	THROMBOPLASTIN TIME	CLINICAL LABORATORY
85732	THROMBOPLASTIN TIME	CLINICAL LABORATORY
85810	VISCOSITY	CLINICAL LABORATORY
85999	UNLISTED HEMATOLOGY	CLINICAL LABORATORY
86000	AGGLUTININS FEBRILE	CLINICAL LABORATORY
86001	ALLERGEN SPECIFIC IG	CLINICAL LABORATORY
86003	ALLERGEN SPECIFIC IG	CLINICAL LABORATORY
86005	ALLERGEN SPECIFIC IG	CLINICAL LABORATORY
86021	ANTIBODY IDENTIFICAT	CLINICAL LABORATORY

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CPT/HCPC Crosswalk to Type of Service

CPT	CPT Description	Type of Service
86022	ANTIBODY IDENTIFICAT	CLINICAL LABORATORY
86023	ANTIBODY IDENTIFICAT	CLINICAL LABORATORY
86038	ANTINUCLEAR ANTIBODI	CLINICAL LABORATORY
86039	ANTINUCLEAR ANTIBODI	CLINICAL LABORATORY
86060	ANTISTREPTOLYSIN O T	CLINICAL LABORATORY
86063	ANTISTREPTOLYSIN O S	CLINICAL LABORATORY
86077	BLD BANK PHYS SVCS D	CLINICAL LABORATORY
86078	BLD BNK PHYS SERV; I	CLINICAL LABORATORY
86079	BLD BNK PHYS SERV;AU	CLINICAL LABORATORY
86140	C-REACTIVE PROTEIN;	CLINICAL LABORATORY
86141	C-REACTIVE PROTEIN H	CLINICAL LABORATORY
86146	BETA 2 GLYCOPROTEIN	CLINICAL LABORATORY
86147	CARDIOLIPIN ANTIBODY	CLINICAL LABORATORY
86148	ANTI-PHOSPHATIDYLSER	CLINICAL LABORATORY
86152	CELL ENUMERATION IMM	CLINICAL LABORATORY
86153	CELL ENUMERATION IMM	CLINICAL LABORATORY
86155	CHEMOTAXIS ASSAY SPE	CLINICAL LABORATORY
86156	COLD AGGLUTININ SCRE	CLINICAL LABORATORY
86157	COLD AGGLUTININ; TIT	CLINICAL LABORATORY
86160	COMPLEMENT ANTIGEN E	CLINICAL LABORATORY
86161	COMPLEMENT FUNCTIONA	CLINICAL LABORATORY
86162	COMPLEMENT TOTAL HEM	CLINICAL LABORATORY
86171	COMPLEMENT FIXATION	CLINICAL LABORATORY
86185	CNTERIMMUNOELECTROPH	CLINICAL LABORATORY
86200	CYCLIC CITRULLINATED	CLINICAL LABORATORY
86215	DEOXYRIBONUCLEASE AN	CLINICAL LABORATORY
86225	DNA ANTIBODY NATIVE/	CLINICAL LABORATORY
86226	DNA ANTIBODY SINGLE	CLINICAL LABORATORY
86235	EXTRACTABLE NUCLEAR	CLINICAL LABORATORY
86243	FC RECEPTOR	CLINICAL LABORATORY
86255	FLUORESCENT NONNFCT	CLINICAL LABORATORY
86256	FLUORESCENT NONNFCT	CLINICAL LABORATORY
86277	GROWTH HORMONE HUMAN	CLINICAL LABORATORY
86280	HEMAGGLUTINATION INH	CLINICAL LABORATORY
86294	IMMUNOASSAY TUMOR AN	CLINICAL LABORATORY
86300	IMMUNOASSAY TUMOR AN	CLINICAL LABORATORY
86301	IMMUNOASSAY TUMOR AN	CLINICAL LABORATORY
86304	IMMUNOASSAY TUMOR AN	CLINICAL LABORATORY
86305	HUMAN EPIDIDYMIS PRO	CLINICAL LABORATORY
86309	HETEROPHILE ANTIBODI	CLINICAL LABORATORY
86310	HETEROPHILE ANTIBODI	CLINICAL LABORATORY
86316	IMMUNOASSAY TUMOR AN	CLINICAL LABORATORY
86317	IMMUNOASSAY INFECTIO	CLINICAL LABORATORY
86320	IMMUNOELECTROPHORES	CLINICAL LABORATORY
86325	IMMUNOELECTROPHORES	CLINICAL LABORATORY
86327	IMMUNOELECTROPHORES	CLINICAL LABORATORY
86329	IMMUNODIFFUSION NOT	CLINICAL LABORATORY
86331	IMMUNODIFFUSION GEL	CLINICAL LABORATORY
86332	IMMUNE COMPLEX ASSAY	CLINICAL LABORATORY
86334	IMMUNOFIXATION ELECT	CLINICAL LABORATORY
86335	IMMUNOFIXJ ELECTROPH	CLINICAL LABORATORY
86336	INHIBIN A	CLINICAL LABORATORY

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CPT/HCPC Crosswalk to Type of Service

CPT	CPT Description	Type of Service
86337	INSULIN ANTIBODIES	CLINICAL LABORATORY
86340	INTRINSIC FACTOR ANT	CLINICAL LABORATORY
86341	ISLET CELL ANTIBODY	CLINICAL LABORATORY
86343	LEUKOCYTE HISTAMINE	CLINICAL LABORATORY
86344	LEUKOCYTE PHAGOCYTOS	CLINICAL LABORATORY
86352	CELLULAR FUNCTION AS	CLINICAL LABORATORY
86353	LYMPHOCYTE TRANSFORM	CLINICAL LABORATORY
86355	B CELLS TOTAL COUNT	CLINICAL LABORATORY
86356	MONONUCLEAR CELL ANT	CLINICAL LABORATORY
86357	NATURAL KILLER CELLS	CLINICAL LABORATORY
86359	T CELLS TOTAL COUNT	CLINICAL LABORATORY
86360	T CELLS ABSOLUTE CD4	CLINICAL LABORATORY
86361	T CELLS ABSOLUTE CD4	CLINICAL LABORATORY
86367	STEM CELLS TOTAL COU	CLINICAL LABORATORY
86376	MICROSOMAL ANTIBODIE	CLINICAL LABORATORY
86378	MIGRATION INHIBITORY	CLINICAL LABORATORY
86382	NEUTRALIZATION TEST	CLINICAL LABORATORY
86384	NITROBLUE TETRAZOLIU	CLINICAL LABORATORY
86386	NUCLEAR MATRIX PROTE	CLINICAL LABORATORY
86406	PARTICLE AGGLUTINATI	CLINICAL LABORATORY
86430	RHEUMATOID FACTOR QU	CLINICAL LABORATORY
86431	RHEUMATOID FACTOR QU	CLINICAL LABORATORY
86480	TB CELL MEDIATED ANT	CLINICAL LABORATORY
86481	TB ANTIGEN RESPONSE	CLINICAL LABORATORY
86485	SKIN TEST CANDIDA	CLINICAL LABORATORY
86486	SKIN TEST UNLISTED A	CLINICAL LABORATORY
86590	STREPTOKINASE ANTIBO	CLINICAL LABORATORY
86592	SYPHILIS TEST NON TR	CLINICAL LABORATORY
86593	SYPHILIS TEST QUANTI	CLINICAL LABORATORY
86602	ANTIBODY ACTINOMYCES	CLINICAL LABORATORY
86603	ANTIBODY ADENOVIRUS	CLINICAL LABORATORY
86606	ANTIBODY ASPERGILLUS	CLINICAL LABORATORY
86609	ANTIBODY BACTERIUM N	CLINICAL LABORATORY
86611	ANTIBODY BARTONELLA	CLINICAL LABORATORY
86612	ANTIBODY BLASTOMYCES	CLINICAL LABORATORY
86615	ANTIBODY BORDETELLA	CLINICAL LABORATORY
86617	ANTIBODY BORRELIA BU	CLINICAL LABORATORY
86618	ANTIBODY BORRELIA BU	CLINICAL LABORATORY
86619	ANTIBODY BORRELIA RE	CLINICAL LABORATORY
86622	ANTIBODY BRUCELLA	CLINICAL LABORATORY
86625	ANTIBODY CAMPYLOBACT	CLINICAL LABORATORY
86628	ANTIBODY CANDIDA	CLINICAL LABORATORY
86631	ANTIBODY CHLAMYDIA	CLINICAL LABORATORY
86632	ANTIBODY CHLAMYDIA I	CLINICAL LABORATORY
86635	ANTIBODY COCCIDIOIDE	CLINICAL LABORATORY
86638	ANTIBODY COXIELLA BU	CLINICAL LABORATORY
86641	ANTIBODY CRYPTOCOCCU	CLINICAL LABORATORY
86644	ANTIBODY CYTOMEGALOV	CLINICAL LABORATORY
86645	ANTIBODY CYTOMEGALOV	CLINICAL LABORATORY
86648	ANTIBODY DIPHTHERIA	CLINICAL LABORATORY
86651	ANTIBODY ENCEPHALITI	CLINICAL LABORATORY
86652	ANTIBODY ENCEPHALITI	CLINICAL LABORATORY

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CPT/HCPC Crosswalk to Type of Service

CPT	CPT Description	Type of Service
86653	ANTIBODY ENCEPHALITI	CLINICAL LABORATORY
86654	ANTIBODY ENCEPHALITI	CLINICAL LABORATORY
86658	ANTIBODY ENTEROVIRUS	CLINICAL LABORATORY
86663	ANTIBODY EPSTEIN-BAR	CLINICAL LABORATORY
86664	ANTIBODY EPSTEIN-BAR	CLINICAL LABORATORY
86665	ANTIBODY EPSTEIN-BAR	CLINICAL LABORATORY
86666	ANTIBODY EHRLICHIA	CLINICAL LABORATORY
86668	ANTIBODY FRANCISELLA	CLINICAL LABORATORY
86671	ANTIBODY FUNGUS NOT	CLINICAL LABORATORY
86674	ANTIBODY GIARDIA LAM	CLINICAL LABORATORY
86677	ANTIBODY HELICOBACTE	CLINICAL LABORATORY
86682	ANTIBODY HELMINTH NO	CLINICAL LABORATORY
86684	ANTIBODY HAEMOPHILUS	CLINICAL LABORATORY
86687	ANTIBODY HTLV-I	CLINICAL LABORATORY
86688	ANTIBODY HTLV-II	CLINICAL LABORATORY
86689	ANTIBODY HTLV/HIV AN	CLINICAL LABORATORY
86692	ANTIBODY HEP DELTA A	CLINICAL LABORATORY
86694	ANTIBODY HERPES SMPL	CLINICAL LABORATORY
86695	ANTIBODY HERPES SMPL	CLINICAL LABORATORY
86696	ANTIBODY HERPES SMPL	CLINICAL LABORATORY
86698	ANTIBODY HISTOPLASMA	CLINICAL LABORATORY
86701	ANTIBODY HIV-1	CLINICAL LABORATORY
86702	ANTIBODY HIV-2	CLINICAL LABORATORY
86703	ANTIBODY HIV-1&HIV-2	CLINICAL LABORATORY
86704	HEPATITIS B CORE ANT	CLINICAL LABORATORY
86705	HEPATITIS B CORE ANT	CLINICAL LABORATORY
86706	HEPATITIS B SURF ANT	CLINICAL LABORATORY
86707	HEPATITIS BE ANTIBOD	CLINICAL LABORATORY
86708	HEPATITIS ANTIBODY H	CLINICAL LABORATORY
86709	HEPATITIS ANTIBODY H	CLINICAL LABORATORY
86710	ANTIBODY INFLUENZA V	CLINICAL LABORATORY
86711	ANTIBODY JOHN CUNNIN	CLINICAL LABORATORY
86713	ANTIBODY LEGIONELLA	CLINICAL LABORATORY
86717	ANTIBODY LEISHMANIA	CLINICAL LABORATORY
86720	ANTIBODY LEPTOSPIRA	CLINICAL LABORATORY
86723	ANTIBODY LISTERIA MO	CLINICAL LABORATORY
86727	ANTIBODY LYMPHOCYTIC	CLINICAL LABORATORY
86729	ANTIBODY LYMPHOGRANU	CLINICAL LABORATORY
86732	ANTIBODY MUCORMYCOSI	CLINICAL LABORATORY
86735	ANTIBODY MUMPS	CLINICAL LABORATORY
86738	ANTIBODY MYCOPLSM	CLINICAL LABORATORY
86741	ANTIBODY NEISSERIA M	CLINICAL LABORATORY
86744	ANTIBODY NOCARDIA	CLINICAL LABORATORY
86747	ANTIBODY PARVOVIRUS	CLINICAL LABORATORY
86750	ANTIBODY PLASMODIUM	CLINICAL LABORATORY
86753	ANTIBODY PROTOZOA NE	CLINICAL LABORATORY
86756	ANTIBODY RESPIRATORY	CLINICAL LABORATORY
86757	ANTIBODY RICKETTSIA	CLINICAL LABORATORY
86759	ANTIBODY ROTAVIRUS	CLINICAL LABORATORY
86762	ANTIBODY RUBELLA	CLINICAL LABORATORY
86765	ANTIBODY RUBEOLA	CLINICAL LABORATORY
86768	ANTIBODY SALMONELLA	CLINICAL LABORATORY

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CPT/HCPC Crosswalk to Type of Service

CPT	CPT Description	Type of Service
86771	ANTIBODY SHIGELLA	CLINICAL LABORATORY
86774	ANTIBODY TETANUS	CLINICAL LABORATORY
86777	ANTIBODY TOXOPLASMA	CLINICAL LABORATORY
86778	ANTIBODY TOXOPLASMA	CLINICAL LABORATORY
86780	ANTIBODY TREPONEMA P	CLINICAL LABORATORY
86784	ANTIBODY TRICHINELLA	CLINICAL LABORATORY
86787	ANTIBODY VARICELLA-Z	CLINICAL LABORATORY
86788	ANTIBODY WEST NILE V	CLINICAL LABORATORY
86789	ANTIBODY WEST NILE V	CLINICAL LABORATORY
86790	ANTIBODY VIRUS NOT E	CLINICAL LABORATORY
86793	ANTIBODY YERSINIA	CLINICAL LABORATORY
86800	THYROGLOBULIN ANTIBO	CLINICAL LABORATORY
86803	HEPATITIS C ANTIBODY	CLINICAL LABORATORY
86804	HEPATITIS C ANTIBODY	CLINICAL LABORATORY
86805	LYMPHOCYTOTOXICITY A	CLINICAL LABORATORY
86806	LMPHOCYTOTOXICITY AS	CLINICAL LABORATORY
86807	SERUM SCREENING % RE	CLINICAL LABORATORY
86808	SERUM SCREENING % RE	CLINICAL LABORATORY
86812	HLA TYPING A/B/C SIN	CLINICAL LABORATORY
86813	HLA TYPING A/B/C MUL	CLINICAL LABORATORY
86816	HLA TYPING DR/DQ SIN	CLINICAL LABORATORY
86817	HLA TYPING DR/DQ MUL	CLINICAL LABORATORY
86821	HLA TYPING; LYMPHOCY	CLINICAL LABORATORY
86822	HLA TYPING; LYMPHOCY	CLINICAL LABORATORY
86825	HLA CROSSMATCH NONCY	CLINICAL LABORATORY
86826	HLA CROSSMATCH NONCY	CLINICAL LABORATORY
86828	ANTIBODY HLA CLASS I	CLINICAL LABORATORY
86829	ANTIBODY HLA CLASS I	CLINICAL LABORATORY
86830	ANTIBODY HLA CLASS I	CLINICAL LABORATORY
86831	ANTIBODY HLA CLASS I	CLINICAL LABORATORY
86832	ANTIBODY HLA CLASS I	CLINICAL LABORATORY
86833	ANTIBODY HLA CLASS I	CLINICAL LABORATORY
86834	ANTIBODY HLA CLASS I	CLINICAL LABORATORY
86835	ANTIBODY HLA CLASS I	CLINICAL LABORATORY
86849	UNLISTED IMMUNOLOGY	CLINICAL LABORATORY
86850	ANTIBODY SCREEN RBC	CLINICAL LABORATORY
86860	ANTIBODY ELUTION RBC	CLINICAL LABORATORY
86870	ANTIBODY ID RBC ANTI	CLINICAL LABORATORY
86880	ANTIHUMAN GLOBULIN D	CLINICAL LABORATORY
86885	ANTIHUMAN GLOBULIN I	CLINICAL LABORATORY
86886	ANTIHUMAN GLOBULIN I	CLINICAL LABORATORY
86890	AUTOLGUS BLD/CMPNT;	CLINICAL LABORATORY
86891	AUTOLOGOUS BLD; INTR	CLINICAL LABORATORY
86900	BLOOD TYPING ABO	CLINICAL LABORATORY
86901	BLOOD TYPING RH D	CLINICAL LABORATORY
86902	BLOOD TYPE ANTIGEN D	CLINICAL LABORATORY
86904	BLOOD TYPING ANTIGEN	CLINICAL LABORATORY
86905	BLOOD TYPING RBC ANT	CLINICAL LABORATORY
86906	BLOOD TYPING RH PHEN	CLINICAL LABORATORY
86910	BLOOD TYPING PATERNI	CLINICAL LABORATORY
86911	BLOOD TYPING PATERNI	CLINICAL LABORATORY
86920	COMPATIBILITY EACH U	CLINICAL LABORATORY

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CPT/HCPC Crosswalk to Type of Service

CPT	CPT Description	Type of Service
86921	COMPATIBILITY EACH U	CLINICAL LABORATORY
86922	COMPATIBILITY EACH U	CLINICAL LABORATORY
86923	COMPATIBILITY EACH U	CLINICAL LABORATORY
86927	FRESH FROZEN PLASMA	CLINICAL LABORATORY
86930	FROZEN BLOOD EACH UN	CLINICAL LABORATORY
86931	FROZEN BLOOD EACH UN	CLINICAL LABORATORY
86932	FROZEN BLOOD EACH UN	CLINICAL LABORATORY
86940	HEMOLYSINS&AGGLUTINI	CLINICAL LABORATORY
86941	HEMOLYSINS&AGGLUTINI	CLINICAL LABORATORY
86945	IRRADIATION BLOOD PR	CLINICAL LABORATORY
86950	LEUKOCYTE TRANSFUSIO	CLINICAL LABORATORY
86960	VOLUME REDUCTION BLO	CLINICAL LABORATORY
86965	POOLING PLATELETS/OT	CLINICAL LABORATORY
86970	PRETX RBC ANTIBODY I	CLINICAL LABORATORY
86971	PRETX RBC ANTIBODY I	CLINICAL LABORATORY
86972	PRETX RBC ANTIBODY I	CLINICAL LABORATORY
86975	PRETX SERUM RBC ANTI	CLINICAL LABORATORY
86976	PRETX SERUM RBC ANTI	CLINICAL LABORATORY
86977	PRETX SERUM RBC ANTB	CLINICAL LABORATORY
86978	PRETX SERUM RBC ANTI	CLINICAL LABORATORY
86985	SPLITTING BLOOD/BLOO	CLINICAL LABORATORY
86999	UNLISTED TRANSFUSION	CLINICAL LABORATORY
87001	ANIMAL INOCULATION S	CLINICAL LABORATORY
87003	ANIMAL INOCULATION S	CLINICAL LABORATORY
87015	CONCENTRATION INFECT	CLINICAL LABORATORY
87040	CULTURE BACTERIAL BL	CLINICAL LABORATORY
87045	CUL BACT STOOL AEROB	CLINICAL LABORATORY
87046	CUL BACT STOOL AEROB	CLINICAL LABORATORY
87070	CUL BACT XCPT URINE	CLINICAL LABORATORY
87071	CUL BACT QUAN AEROBI	CLINICAL LABORATORY
87073	CUL BACT QUAN ANAERC	CLINICAL LABORATORY
87075	CULTURE BACTERIAL AN	CLINICAL LABORATORY
87076	CUL BACT ANAEROBIC A	CLINICAL LABORATORY
87077	CUL BACT AEROBIC ADD	CLINICAL LABORATORY
87081	CUL PRSMPTV PTHGNC O	CLINICAL LABORATORY
87084	CULT PRSMPT SCRNL ONL	CLINICAL LABORATORY
87086	CULTURE BACTERIAL QU	CLINICAL LABORATORY
87088	CULTURE BCT ISOL&PRS	CLINICAL LABORATORY
87101	CULT FUNGI ISOLATN W	CLINICAL LABORATORY
87102	CULTURE FNGI MOLD/YE	CLINICAL LABORATORY
87103	CULTURE FNGI MOLD/YE	CLINICAL LABORATORY
87106	CULTURE FUNGI DEFINI	CLINICAL LABORATORY
87107	CULTURE FUNGI DEFINI	CLINICAL LABORATORY
87109	CULTURE MYCOPLASMA A	CLINICAL LABORATORY
87110	CULTURE CHLAMYDIA AN	CLINICAL LABORATORY
87116	CULTURE TUBERCLE/OTH	CLINICAL LABORATORY
87118	CULTURE MYCOBACTERIA	CLINICAL LABORATORY
87140	CULTURE TYPING IMMUN	CLINICAL LABORATORY
87143	CULTURE TYPING GAS/H	CLINICAL LABORATORY
87147	CULTURE TYPING IMMUN	CLINICAL LABORATORY
87149	CULTURE TYPING NUCLE	CLINICAL LABORATORY
87150	CULTYP NUC ACID AMP	CLINICAL LABORATORY

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CPT/HCPC Crosswalk to Type of Service

CPT	CPT Description	Type of Service
87152	CULTURE TYPING IDENT	CLINICAL LABORATORY
87153	CULTYP NUCLEIC ACID	CLINICAL LABORATORY
87158	CULTURE TYPING OTHER	CLINICAL LABORATORY
87164	DARK FIELD EXAM ANY	CLINICAL LABORATORY
87166	DARK FIELD EXAM ANY	CLINICAL LABORATORY
87168	MACROSCOPIC EXAMINAT	CLINICAL LABORATORY
87169	MACROSCOPIC EXAMINAT	CLINICAL LABORATORY
87176	HOMOGENIZATION TISSU	CLINICAL LABORATORY
87177	OVA&PARASITES DIRECT	CLINICAL LABORATORY
87181	SUSCEPTBILTY STDY AN	CLINICAL LABORATORY
87184	SUSCEPTIBILITY STUDY	CLINICAL LABORATORY
87185	SUSCEPTIBILITY STUDY	CLINICAL LABORATORY
87186	SUSCEPTIBLTY STDY AN	CLINICAL LABORATORY
87187	SUSCEPTIBLTY STDY AN	CLINICAL LABORATORY
87188	SUSCEPT-ANTIMICROB;	CLINICAL LABORATORY
87190	SUSCEPTIBLTY STDY AN	CLINICAL LABORATORY
87197	SERUM BACTERICIDAL T	CLINICAL LABORATORY
87205	SMEAR-PRIM W/INTERPT	CLINICAL LABORATORY
87206	SMR PRIM SRC FLUORES	CLINICAL LABORATORY
87207	SMR PRIM SRC SPEC ST	CLINICAL LABORATORY
87209	SMR PRIM SRC CPLX SP	CLINICAL LABORATORY
87230	TOXIN/ANTITOXIN ASSA	CLINICAL LABORATORY
87250	VIRUS ISLTN; INOC EG	CLINICAL LABORATORY
87252	VIRUS ISLTN; TISS CU	CLINICAL LABORATORY
87253	VIRUS TISSUE CULTURE	CLINICAL LABORATORY
87254	VIRUS ISOLAT;CENTRIF	CLINICAL LABORATORY
87255	VIRUS ISOLAT; W/ID N	CLINICAL LABORATORY
87260	INF AGT-IMMUNOFLUOR;	CLINICAL LABORATORY
87265	INF AGT-IMMUNOFLUOR;	CLINICAL LABORATORY
87267	IAADI ENTEROVIRUS DI	CLINICAL LABORATORY
87269	INF AGT ANTIG DETECT	CLINICAL LABORATORY
87270	INF AGT-IMMUNOFLUOR;	CLINICAL LABORATORY
87271	IAADI CYTOMEGALOVIRU	CLINICAL LABORATORY
87272	INF AGT IMMUNOFLUORR	CLINICAL LABORATORY
87273	IAADI HERPES SMPLX V	CLINICAL LABORATORY
87274	IAADI HERPES SMPLX V	CLINICAL LABORATORY
87275	IAADI INFLUENZA B VI	CLINICAL LABORATORY
87276	IAADI INFFLUENZA A V	CLINICAL LABORATORY
87277	INF AGT-IMMUNOFLR;LG	CLINICAL LABORATORY
87278	INF AGT-IMMUNOFLUOR;	CLINICAL LABORATORY
87279	IAADI PARAINFLUENZA	CLINICAL LABORATORY
87280	IAADI RESPIRATORY SY	CLINICAL LABORATORY
87281	IAADI PNEUMOCUSTIS C	CLINICAL LABORATORY
87283	INF AGT-IMMUNOFLUOR;	CLINICAL LABORATORY
87285	INF AGT-IMMUNOFLUOR;	CLINICAL LABORATORY
87290	INF AGT-IMMUNOFLUOR;	CLINICAL LABORATORY
87299	IAADI NOT OTHERWISE	CLINICAL LABORATORY
87300	INF AGT-IMMUNOFL POL	CLINICAL LABORATORY
87301	INF AGT-IMMUNOAS; AD	CLINICAL LABORATORY
87305	IAAD EIA QUAL/SEMIQU	CLINICAL LABORATORY
87320	INF AGT-IMMUNOAS; CH	CLINICAL LABORATORY
87324	INF AGT-IMMUNOAS MX	CLINICAL LABORATORY

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CPT/HCPC Crosswalk to Type of Service

CPT	CPT Description	Type of Service
87327	INF AGT-IMMUNOAS MX	CLINICAL LABORATORY
87328	INF AGT ENZYME IMMUN	CLINICAL LABORATORY
87329	INF AGT ANTIG EIA MX	CLINICAL LABORATORY
87332	IAAD EIA CYTOMEGALOV	CLINICAL LABORATORY
87335	INF AGT-IMMUNOAS; ES	CLINICAL LABORATORY
87336	INF AGT-IMMUNOAS; EN	CLINICAL LABORATORY
87337	INF AGT-IMMUNOAS; EN	CLINICAL LABORATORY
87338	INF AGT-MX STEP; H P	CLINICAL LABORATORY
87339	INF AGT-IMMUNOAS MX	CLINICAL LABORATORY
87340	IAAD EIA HEPATITIS B	CLINICAL LABORATORY
87341	IAAD EIA HEPATITIS B	CLINICAL LABORATORY
87350	IAAD EIA HEPATITIS B	CLINICAL LABORATORY
87380	IAAD EIA HEPATITIS D	CLINICAL LABORATORY
87385	IAAD EIA HISTOPLASM	CLINICAL LABORATORY
87389	IAAD EIA HIV-1 AG W/	CLINICAL LABORATORY
87390	INF AGT-IMMUNOASSAY;	CLINICAL LABORATORY
87391	INF AGT-IMMUNOASSAY;	CLINICAL LABORATORY
87400	IAAD EIA INFLUENZA A	CLINICAL LABORATORY
87420	IAAD EIA RESPIRATORY	CLINICAL LABORATORY
87425	INF AGT-IMMUNOASSAY;	CLINICAL LABORATORY
87427	INF AGT-IMMUNOAS; SH	CLINICAL LABORATORY
87430	IAAD EIA STREPTOCOCC	CLINICAL LABORATORY
87449	IAAD EIA MULT STEP M	CLINICAL LABORATORY
87450	IAAD EIA SINGLE STEP	CLINICAL LABORATORY
87451	INF AGT-IMMUNOAS; PO	CLINICAL LABORATORY
87470	IADNA BARTONELLA DIR	CLINICAL LABORATORY
87471	IADNA BARTONELLA AMP	CLINICAL LABORATORY
87472	IADNA BARTONELLA HEN	CLINICAL LABORATORY
87475	IADNA BORRELIA BURGD	CLINICAL LABORATORY
87476	IADNA BORRELIA BURGD	CLINICAL LABORATORY
87477	IADNA BORRELIA BURGD	CLINICAL LABORATORY
87480	IADNA CANDIDA SPECIE	CLINICAL LABORATORY
87481	IADNA CANDIDA SPECIE	CLINICAL LABORATORY
87482	IADNA CANDIDA SPECIE	CLINICAL LABORATORY
87485	IADNA CHLAMYDIA PNEU	CLINICAL LABORATORY
87486	IADNA CHLAMYDIA PNEU	CLINICAL LABORATORY
87487	IADNA CHLAMYDIA PNEU	CLINICAL LABORATORY
87490	IADNA CHLAMYDIA TRAC	CLINICAL LABORATORY
87491	IADNA CHLAMYDIA TRAC	CLINICAL LABORATORY
87492	IADNA CHLAMYDIA TRAC	CLINICAL LABORATORY
87493	INF AGENT DET NUCLEI	CLINICAL LABORATORY
87495	IADNA CYTOMEGALOVIRU	CLINICAL LABORATORY
87496	IADNA CYTOMEGALOVIRU	CLINICAL LABORATORY
87497	IADNA CYTOMEGALOVIRU	CLINICAL LABORATORY
87498	IADNA ENTEROVIRUS AM	CLINICAL LABORATORY
87500	INFECTIOUS AGENT DNA	CLINICAL LABORATORY
87501	INFECTIOUS AGENT DNA	CLINICAL LABORATORY
87502	INFECTIOUS AGENT DNA	CLINICAL LABORATORY
87503	NFCT AGENT DNA/RNA I	CLINICAL LABORATORY
87510	IADNA GARDNERELLA VA	CLINICAL LABORATORY
87511	IADNA GARDNERELLA VA	CLINICAL LABORATORY
87512	IADNA GARDNERELLA VA	CLINICAL LABORATORY

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CPT/HCPC Crosswalk to Type of Service

CPT	CPT Description	Type of Service
87515	IADNA HEPATITIS B VI	CLINICAL LABORATORY
87516	IADNA HEPATITIS B VI	CLINICAL LABORATORY
87517	IADNA HEPATITIS B VI	CLINICAL LABORATORY
87520	IADNA HEPATITIS C DI	CLINICAL LABORATORY
87521	IADNA HEPATITIS C AM	CLINICAL LABORATORY
87522	IADNA HEPATITIS C QU	CLINICAL LABORATORY
87525	IADNA HEPATITIS G DI	CLINICAL LABORATORY
87526	IADNA HEPATITIS G AM	CLINICAL LABORATORY
87527	IADNA HEPATITIS G QU	CLINICAL LABORATORY
87528	IADNA HERPES SIMPLX	CLINICAL LABORATORY
87529	IADNA HERPES SOMPLX	CLINICAL LABORATORY
87530	IADNA HERPES SOMPLX	CLINICAL LABORATORY
87531	IADNA HERPES VIRUS-6	CLINICAL LABORATORY
87532	IADNA HERPES VIRUS-6	CLINICAL LABORATORY
87533	IADNA HERPES VIRUS-6	CLINICAL LABORATORY
87534	IADNA HIV-1 DIRECT P	CLINICAL LABORATORY
87535	IADNA HIV-1 AMPLIFIE	CLINICAL LABORATORY
87536	IADNA HIV-1 QUANT &	CLINICAL LABORATORY
87537	IADNA HIV-2 DIRECT P	CLINICAL LABORATORY
87538	IADNA HIV-2 AMPLIFIE	CLINICAL LABORATORY
87539	IADNA HIV-2 QUANT &	CLINICAL LABORATORY
87540	IADNA LEGIONELLA PNE	CLINICAL LABORATORY
87541	IADNA LEGIONELLA PNE	CLINICAL LABORATORY
87542	IADNA LEGIONELLA PNE	CLINICAL LABORATORY
87550	IADNA MYCOBACTERIA S	CLINICAL LABORATORY
87551	IADNA MYCOBACTERIA S	CLINICAL LABORATORY
87552	IADNA MYCOBACTERIA S	CLINICAL LABORATORY
87555	INF AGT-DNA/RNA; MYC	CLINICAL LABORATORY
87556	INF AGT-DNA/RNA; MYC	CLINICAL LABORATORY
87557	IADNA MYCOBACTERIA T	CLINICAL LABORATORY
87560	INF AGT-DNA/RNA; MYC	CLINICAL LABORATORY
87561	INF AGT-DNA/RNA; MYC	CLINICAL LABORATORY
87562	IADNA MYCOBACTERIA A	CLINICAL LABORATORY
87580	IADNA MYCOPLSM PNEUM	CLINICAL LABORATORY
87581	IADNA MYCOPLSM PNEUM	CLINICAL LABORATORY
87582	IADNA MYCOPLSM PNEUM	CLINICAL LABORATORY
87590	IADNA NEISSERIA GONO	CLINICAL LABORATORY
87591	IADNA NEISSERIA GONO	CLINICAL LABORATORY
87592	IADNA NEISSERIA GONO	CLINICAL LABORATORY
87620	IADNA PAPILLOMAVIRUS	CLINICAL LABORATORY
87621	IADNA PAPILLOMAVIRUS	CLINICAL LABORATORY
87622	IADNA PAPILLOMAVIRUS	CLINICAL LABORATORY
87631	IADNA RESPIRATRY PRO	CLINICAL LABORATORY
87632	IADNA RESPIRATRY PRO	CLINICAL LABORATORY
87633	IADNA RESPIRATRY PRO	CLINICAL LABORATORY
87640	IADNA S AUREUS AMPLI	CLINICAL LABORATORY
87641	IADNA S AUREUS METHI	CLINICAL LABORATORY
87650	IADNA STREPTOCOCCUS	CLINICAL LABORATORY
87651	IADNA STREPTOCOCCUS	CLINICAL LABORATORY
87652	IADNA STREPTOCOCCUS	CLINICAL LABORATORY
87653	IADNA STREPTOCOCCUS	CLINICAL LABORATORY
87660	IADNA TRICHOMONAS VA	CLINICAL LABORATORY

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CPT/HCPC Crosswalk to Type of Service

CPT	CPT Description	Type of Service
87797	IADNA NOS DIRECT PRO	CLINICAL LABORATORY
87798	IADNA NOS AMPLIFIED	CLINICAL LABORATORY
87799	IADNA NOS QUANTIFICA	CLINICAL LABORATORY
87800	IADNA MULTIPLE ORGAN	CLINICAL LABORATORY
87801	IADNA MULTIPLE ORGAN	CLINICAL LABORATORY
87802	IAADIADOO STREPTOCOC	CLINICAL LABORATORY
87803	INF AGT ANTIG IMMUNO	CLINICAL LABORATORY
87807	IAADIADOO RESPIRATOR	CLINICAL LABORATORY
87808	IAADIADOO TRICHOMONA	CLINICAL LABORATORY
87809	INFECTIOUS AGENT IMM	CLINICAL LABORATORY
87810	CHLAMYDIA TRACHOMATI	CLINICAL LABORATORY
87850	IAADIADOO NEISSERIA	CLINICAL LABORATORY
87899	IAADIADOO NOT OTHERW	CLINICAL LABORATORY
87900	NFCT AGT DRUG SUSCEP	CLINICAL LABORATORY
87901	NFCT GEXYP NUCLEIC A	CLINICAL LABORATORY
87902	NFCT AGNT GENOTYP NU	CLINICAL LABORATORY
87903	NFCT PHEXYP RESIST T	CLINICAL LABORATORY
87904	NFCT PHEXYP RESIST T	CLINICAL LABORATORY
87905	INFECTIOUS AGENT ENZ	CLINICAL LABORATORY
87906	NFCT GEXYP DNA/RNA H	CLINICAL LABORATORY
87910	NFCT AGT GENOTYPE NU	CLINICAL LABORATORY
87912	NFCT AGENT GENOTYPE	CLINICAL LABORATORY
87999	UNLISTED MICROBIOLOG	CLINICAL LABORATORY
89049	CAFFEINE HALOTHANE C	CLINICAL LABORATORY
89050	CELL COUNT MISCELLAN	CLINICAL LABORATORY
89051	CELL COUNT MISC BODY	CLINICAL LABORATORY
89060	CRYSTAL ID LIGHT MIC	CLINICAL LABORATORY
89125	FAT STAIN FECES URIN	CLINICAL LABORATORY
89160	MEAT FIBERS FECES	CLINICAL LABORATORY
89220	SPUTUM OBTAINING SPE	CLINICAL LABORATORY
89230	SWEAT COLLECTION ION	CLINICAL LABORATORY
89250	CUL OOCYTE/EMBRYO <4	CLINICAL LABORATORY
89251	CULT OOCYTE/EMBRYO <	CLINICAL LABORATORY
89253	ASSISTED EMBRYO HATC	CLINICAL LABORATORY
89254	OOCYTE IDENTIFICATIO	CLINICAL LABORATORY
89255	PREPARATION OF EMBRY	CLINICAL LABORATORY
89257	SPERM IDENTIFICATION	CLINICAL LABORATORY
89258	CRYOPRSRV EMBRYO	CLINICAL LABORATORY
89259	CRYOPRSRV SPRM	CLINICAL LABORATORY
89260	SPERM ISOLATION, SIM	CLINICAL LABORATORY
89261	SPERM ISOLATION, COM	CLINICAL LABORATORY
89264	SPERM IDENTIFICATION	CLINICAL LABORATORY
89268	INSEMINATION OF OOCY	CLINICAL LABORATORY
89272	EXTND CUL OOCYTE/EMB	CLINICAL LABORATORY
89280	ASSTD OOCYTE FERTILI	CLINICAL LABORATORY
89281	ASSTD OOCYTE FERTILI	CLINICAL LABORATORY
89290	BX OOCYTE MICROTQ >/	CLINICAL LABORATORY
89291	BX OOCYTE MICROTQ >5	CLINICAL LABORATORY
89321	SEMEN ANALYSIS SPERM	CLINICAL LABORATORY
89325	SPERM ANTIBODIES	CLINICAL LABORATORY
89329	SPERM EVALUATION HAM	CLINICAL LABORATORY
89330	SPERM EVALUATION CER	CLINICAL LABORATORY

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CPT/HCPC Crosswalk to Type of Service

CPT	CPT Description	Type of Service
89331	SPERM EVALUATION RET	CLINICAL LABORATORY
89335	CRYOPRSRV REPRODUCTI	CLINICAL LABORATORY
89342	STORAGE PER YEAR EMB	CLINICAL LABORATORY
89343	STORAGE PER YEAR SPE	CLINICAL LABORATORY
89344	STORAGE PER YR REPRD	CLINICAL LABORATORY
89346	STORAGE PER YEAR OOC	CLINICAL LABORATORY
89352	THAWING CRYOPRESERVE	CLINICAL LABORATORY
89353	THAWING CRYOPRESERVE	CLINICAL LABORATORY
89354	THAWING CRYOPRESERVE	CLINICAL LABORATORY
89356	THAWING CRYOPRESERVE	CLINICAL LABORATORY
89398	UNLISTED REPRODUCTIV	CLINICAL LABORATORY
99000	HANDL/CONVEY SPECMN-	CLINICAL LABORATORY
99001	HANDL/CONVEY SPECMN-	CLINICAL LABORATORY
G0103	PROS CANCR SCR; PROS	CLINICAL LABORATORY
G0123	SCR CYTOPATH CERV CY	CLINICAL LABORATORY
G0143	SCR CYTOPATH CERV MN	CLINICAL LABORATORY
G0144	SCR CYTOPATH CERV/VA	CLINICAL LABORATORY
G0145	SCR CYTOPATH CERV/VA	CLINICAL LABORATORY
G0147	SCR CYTOPATH SMERS C	CLINICAL LABORATORY
G0148	SCR CYTOPATH SMERS C	CLINICAL LABORATORY
G0306	COMPLETE CBC AUTOMAT	CLINICAL LABORATORY
G0307	COMPLETE AUTOMATED	CLINICAL LABORATORY
G0328	COLOREC CA SCR; FOB	CLINICAL LABORATORY
G0431	RX SCR MX; RX CLASS	CLINICAL LABORATORY
G0432	INF AGT AB DETECT EI	CLINICAL LABORATORY
G0433	INF ANTIBODY ELISA T	CLINICAL LABORATORY
G0434	DRUG SCR NOT CHROMAT	CLINICAL LABORATORY
G0435	INF AGT ANTIG DETECT	CLINICAL LABORATORY
G9143	WARFARIN RSPN TEST G	CLINICAL LABORATORY
P2028	CEPHALIN FLOCCULATIO	CLINICAL LABORATORY
P2029	CONGO RED, BLOOD	CLINICAL LABORATORY
P2031	HAIR ANALYSIS (EXCLU	CLINICAL LABORATORY
P2033	THYMOL TURBIDITY, BL	CLINICAL LABORATORY
P2038	MUCOPROTEIN BLOOD	CLINICAL LABORATORY
P3000	SCR PAP SMER UP TO 3	CLINICAL LABORATORY
P7001	CULT BACTERL URINE;	CLINICAL LABORATORY
P9612	CATH CLCT SPEC 1 PT	CLINICAL LABORATORY
P9615	CATHETERIZATION COLL	CLINICAL LABORATORY
Q0091	SCR PAP SMER; OBTAIN	CLINICAL LABORATORY
S3600	Stat lab	CLINICAL LABORATORY
S3601	Stat lab home/nf	CLINICAL LABORATORY
S3620	Newborn metabolic sc	CLINICAL LABORATORY
S3625	Maternal serum tripl	CLINICAL LABORATORY
S3626	MATERNAL SERUM SCR W	CLINICAL LABORATORY
S3630	Eosinophil blood cou	CLINICAL LABORATORY
S3645	HIV-1 antibody testi	CLINICAL LABORATORY
S3650	Saliva test, hormone	CLINICAL LABORATORY
S3652	Saliva test, hormone	CLINICAL LABORATORY
S3655	ANTISPERM ANTIBODIES	CLINICAL LABORATORY
S3708	Gastrointestinal fat	CLINICAL LABORATORY
S3721	PROSTATE CANCER ANTI	CLINICAL LABORATORY
S3800	GENETIC TESTING AMYO	CLINICAL LABORATORY

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CPT/HCPC Crosswalk to Type of Service

CPT	CPT Description	Type of Service
S3833	CMPL APC GENE SEQ AN	CLINICAL LABORATORY
S3834	1-MUTAT ANALY SUSCEP	CLINICAL LABORATORY
S3840	DNA analysis for ger	CLINICAL LABORATORY
S3841	Genetic testing for	CLINICAL LABORATORY
S3842	Genetic testing for	CLINICAL LABORATORY
S3844	DNA analysis of the	CLINICAL LABORATORY
S3845	Genetic testing for	CLINICAL LABORATORY
S3846	Genetic testing for	CLINICAL LABORATORY
S3849	Genetic testing for	CLINICAL LABORATORY
S3850	Genetic testing for	CLINICAL LABORATORY
S3852	Dna analysis for apo	CLINICAL LABORATORY
S3853	GENETIC TESTING FOR	CLINICAL LABORATORY
S3854	GENE EXPRSSION PROFI	CLINICAL LABORATORY
S3855	GENETIC TEST DETECT	CLINICAL LABORATORY
S3861	GENETIC TESTING SCN5	CLINICAL LABORATORY
S3865	COMP GENE SEQ ANALY	CLINICAL LABORATORY
S3866	GENETIC ANALY GENE M	CLINICAL LABORATORY
S3870	CGH MICROARRAY TEST	CLINICAL LABORATORY
S3890	DNA ANALYSIS FECAL C	CLINICAL LABORATORY
S9529	Venipuncture home/sn	CLINICAL LABORATORY

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CPT/HCPC Crosswalk to Type of Service

CPT	CPT Description	Type of Service
80500	CLINICAL PATHOLOGY C	LAB - PATHOLOGY
80502	CLINICAL PATHOLOGY C	LAB - PATHOLOGY
88000	NECROPSY GROSS EXAMI	LAB - PATHOLOGY
88005	NECROPSY GROSS EXAMI	LAB - PATHOLOGY
88007	NECROPSY GROSS EXAMI	LAB - PATHOLOGY
88012	NECROPSY GROSS EXAMI	LAB - PATHOLOGY
88014	NECROPSY GROSS EXAM	LAB - PATHOLOGY
88016	NECROPSY GROSS EXAM	LAB - PATHOLOGY
88020	NECROPSY GROSS & MIC	LAB - PATHOLOGY
88025	NECROPSY GROSS & MIC	LAB - PATHOLOGY
88027	NECROPSY GROSS&MCRSC	LAB - PATHOLOGY
88028	NECROPSY GROSS & MIC	LAB - PATHOLOGY
88029	NECROPSY GROSS&MCRSC	LAB - PATHOLOGY
88036	NECROPSY LIMITED GRO	LAB - PATHOLOGY
88037	NECROPSY LIMITD GROS	LAB - PATHOLOGY
88040	NECROPSY FORENSIC EX	LAB - PATHOLOGY
88045	NECROPSY CORONER CAL	LAB - PATHOLOGY
88099	UNLISTED NECROPSY PR	LAB - PATHOLOGY
88104	CYTOPATH NO CERV/VAG	LAB - PATHOLOGY
88106	CYTP FLU BR/WA XCPT	LAB - PATHOLOGY
88108	CYTP CONCENTRATION S	LAB - PATHOLOGY
88112	CYTOPATH SELCTV CELL	LAB - PATHOLOGY
88120	CYTP INSITU HYBRID U	LAB - PATHOLOGY
88121	CYTP INSITU HYBRID U	LAB - PATHOLOGY
88125	CYTOPATHOLOGY FORENS	LAB - PATHOLOGY
88130	SEX CHROMATIN IDENTI	LAB - PATHOLOGY
88140	SEX CHROMATIN IDENTJ	LAB - PATHOLOGY
88141	CYTP CERVICAL/VAGINA	LAB - PATHOLOGY
88142	CYTP CERV/VAG AUTO T	LAB - PATHOLOGY
88143	CYTOPATH CERV/VAG; W	LAB - PATHOLOGY
88147	CYTP SMRS C/V SCR AU	LAB - PATHOLOGY
88148	CYTOPATH CERV/VAG; S	LAB - PATHOLOGY
88150	CYTPTH SLIDE CERV/V	LAB - PATHOLOGY
88152	CYTPTH SLDE CERV/VAG	LAB - PATHOLOGY
88153	CYTOPATH CERV/VAG; M	LAB - PATHOLOGY
88154	CYTP SLIDES C/V MNL	LAB - PATHOLOGY
88155	CYTP SLIDES C/V DEFI	LAB - PATHOLOGY
88160	CYTOPATH SMERS OTH S	LAB - PATHOLOGY
88161	CYTOPATH SMEAR; PREP	LAB - PATHOLOGY
88162	CYTOPATH SMEARS; EXT	LAB - PATHOLOGY
88164	CYTP SLIDES CERV/VAG	LAB - PATHOLOGY
88165	CYTP SLIDES C/V MNL	LAB - PATHOLOGY
88166	CYTP SLIDES C/V MNL	LAB - PATHOLOGY
88167	CYTP SLIDES C/V MNL	LAB - PATHOLOGY
88172	CYTP FINE NDL ASPIRA	LAB - PATHOLOGY
88173	CYTP EVAL FINE NEEDL	LAB - PATHOLOGY
88174	CYTOPATH CERV/VAG TH	LAB - PATHOLOGY
88175	CYTP C/V AUTO THIN L	LAB - PATHOLOGY
88177	CYTP FINE NDL ASPIRA	LAB - PATHOLOGY
88182	FLOW CYTOMETRY CELL	LAB - PATHOLOGY
88184	FLOW CYTOMETRY CELL	LAB - PATHOLOGY
88185	FLOW CYTOMETRY CELL	LAB - PATHOLOGY

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CPT/HCPC Crosswalk to Type of Service

CPT	CPT Description	Type of Service
88187	FLOW CYTOMETRY INTER	LAB - PATHOLOGY
88188	FLOW CYTOMETRY INTER	LAB - PATHOLOGY
88189	FLOW CYTOMETRY INTER	LAB - PATHOLOGY
88199	UNLISTED CYTOPATHOLO	LAB - PATHOLOGY
88230	TISS CULT NON-NEOPLA	LAB - PATHOLOGY
88233	TISS CULT NON-NEOPLA	LAB - PATHOLOGY
88235	TISS CULT NON-NEOPLA	LAB - PATHOLOGY
88237	TISS CUL NEO DISORDE	LAB - PATHOLOGY
88239	TISS CUL NEO DISORDE	LAB - PATHOLOGY
88240	CRYOPRESERV CELLS-EA	LAB - PATHOLOGY
88241	THAWING&EXPANSION FR	LAB - PATHOLOGY
88245	CHRMSM BREAKAGE BASE	LAB - PATHOLOGY
88248	CHRMSM BREAKAGE BASE	LAB - PATHOLOGY
88249	CHRMSM BREAKAGE SYND	LAB - PATHOLOGY
88261	CHRMSM COUNT 5 CELL	LAB - PATHOLOGY
88262	CHRMSM COUNT 15-20 C	LAB - PATHOLOGY
88263	CHRMSM COUNT 45 CELL	LAB - PATHOLOGY
88264	CHROMOSM ANALY; ANAL	LAB - PATHOLOGY
88267	CHRMSM ALYS AMNIOTIC	LAB - PATHOLOGY
88269	CHROMO ANAL AMNIO FL	LAB - PATHOLOGY
88271	MOLECULAR CYTOGENETI	LAB - PATHOLOGY
88272	MOLECULAR CYTOGENETI	LAB - PATHOLOGY
88273	MOLECULAR CYTOGENETI	LAB - PATHOLOGY
88274	MOLECULAR CYTOGENETI	LAB - PATHOLOGY
88275	CYTOGEN; INTERPHASE	LAB - PATHOLOGY
88280	CHRMSM ANALYSIS ADDL	LAB - PATHOLOGY
88283	CHRMSM ANALYSIS ADDL	LAB - PATHOLOGY
88285	CHRMSM ANALYSIS ADDL	LAB - PATHOLOGY
88289	CHRMSM ANALYSIS ADDL	LAB - PATHOLOGY
88291	CYTOGENETICS&MOLEC C	LAB - PATHOLOGY
88299	UNLISTED CYTOGENETIC	LAB - PATHOLOGY
88300	LEVEL I SURG PATHOLO	LAB - PATHOLOGY
88302	LEVEL II SURG PATHOL	LAB - PATHOLOGY
88304	LEVEL III SURG PATHO	LAB - PATHOLOGY
88305	LEVEL IV SURG PATHOL	LAB - PATHOLOGY
88307	LEVEL V SURG PATHOLO	LAB - PATHOLOGY
88309	LEVEL VI SURG PATHOL	LAB - PATHOLOGY
88311	DECALCIFICATION PROC	LAB - PATHOLOGY
88312	SPECIAL STAIN GROUP	LAB - PATHOLOGY
88313	SPCL STN 2 I&R EXCPT	LAB - PATHOLOGY
88314	SPECIAL STAIN I&R HI	LAB - PATHOLOGY
88319	SPECIAL STAIN I&R GR	LAB - PATHOLOGY
88321	CNSLT&RPT REF SLIDES	LAB - PATHOLOGY
88323	CONSLTJ&REPRT MATERI	LAB - PATHOLOGY
88325	CNSLT COMP W/REVV RE	LAB - PATHOLOGY
88329	PATHOLOGY CONSULTATI	LAB - PATHOLOGY
88331	PATH CONS-SURG;1 TIS	LAB - PATHOLOGY
88332	PATH CONSLTJ SURG EA	LAB - PATHOLOGY
88333	PATH CONSLTJ SURG CY	LAB - PATHOLOGY
88334	PATH CONSLTJ SURG CY	LAB - PATHOLOGY
88342	IMCYTCHM TISS IMMUNO	LAB - PATHOLOGY
88346	IMMUNOFLUORESCENT ST	LAB - PATHOLOGY

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CPT/HCPC Crosswalk to Type of Service

CPT	CPT Description	Type of Service
88347	IMMUNOFLUORESCENT ST	LAB - PATHOLOGY
88348	ELECTRON MICROSCOPY	LAB - PATHOLOGY
88349	ELECTRON MICROSCOPY	LAB - PATHOLOGY
88355	MORPHOMETRIC ANALYSI	LAB - PATHOLOGY
88356	MORPHOMETRIC ANALYSI	LAB - PATHOLOGY
88358	MORPHOMETRIC ANALYSI	LAB - PATHOLOGY
88360	M/PHMTRC ALYS TUMOR	LAB - PATHOLOGY
88361	M/PHMTRC ALYS TUMOR	LAB - PATHOLOGY
88362	NERVE TEASING PREPAR	LAB - PATHOLOGY
88363	EXAM & SELECT ARCHIV	LAB - PATHOLOGY
88365	IN SITU HYBRIDIZATIO	LAB - PATHOLOGY
88367	MORPHOMTRIC ANALY IN	LAB - PATHOLOGY
88368	M/PHMTRC ALYS IN SIT	LAB - PATHOLOGY
88371	PROTEIN ANAL TISSUE	LAB - PATHOLOGY
88372	PROT ANALY W BLOT W/	LAB - PATHOLOGY
88375	OPTICAL ENDOMICROSCO	LAB - PATHOLOGY
88380	MICRODISSECTION PREP	LAB - PATHOLOGY
88381	MICRODISSECTION PREP	LAB - PATHOLOGY
88387	MACRO EXAM DISSECT&P	LAB - PATHOLOGY
88388	MACR EXM DISS&PRP NO	LAB - PATHOLOGY
88399	UNLISTED SURGICAL PA	LAB - PATHOLOGY
88720	BILIRUBIN TOTAL TRAN	LAB - PATHOLOGY
88738	HGB QUANTITATIVE TRA	LAB - PATHOLOGY
88740	HEMOGLOBIN QUAN TC P	LAB - PATHOLOGY
88741	HEMOGLOBIN QUANTITAT	LAB - PATHOLOGY
88749	UNLISTED IN VIVO LAB	LAB - PATHOLOGY
89240	UNLISTED MISCELLANEO	LAB - PATHOLOGY
G0124	SCR CYTOPATH CERV RQ	LAB - PATHOLOGY
G0141	SCR CYTOPATH SMERS C	LAB - PATHOLOGY
G0416	SURG PATH PROSTATE N	LAB - PATHOLOGY
G0417	SURGICAL PATHOLOGY,	LAB - PATHOLOGY
G0418	SURGICAL PATHOLOGY,	LAB - PATHOLOGY
G0419	SURGICAL PATHOLOGY,	LAB - PATHOLOGY
P3001	SCR PAP SMER UP TO 3	LAB - PATHOLOGY

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**REGULATORY RIDER TO THE
Applicable State Government Sponsored Programs Regulatory Requirements Appendix (the "Appendix")**

**CENTERS FOR MEDICARE AND MEDICAID SERVICES
PAYMENTS FOR PRIMARY CARE SERVICES FURNISHED BY PHYSICIANS**

THIS REGULATORY RIDER (this "Rider"), hereby unilaterally supplements and amends the Appendix as set forth herein. All capitalized terms not defined in this Rider shall have the meaning ascribed to them in the Appendix or the underlying governing agreement (the "Agreement") as applicable.

WHEREAS, the Centers for Medicare and Medicaid ("CMS") requires all health plans, including but not limited to United, to ensure minimum payment rates for primary care services rendered by primary care physicians pursuant to 42 CFR §447.400 *et seq.*; and

WHEREAS, the purpose of this Rider is to incorporate such applicable regulatory requirements as required by CMS and set forth in 42 CFR §447.400 *et seq.*

THEREFORE, the Appendix is unilaterally supplemented and amended to add the following:

1. **Definitions.** If any of the terms in this Rider are defined (or the equivalent terms are defined) in the Agreement, then such terms have the same meaning in this Rider as such defined terms or the equivalent terms. For example, "Benefit Plans," as used in this Rider, will have the same meaning as any defined term in the Agreement for "Benefit Plans" or "benefit contracts"; "Customer," as used in this Rider, will have the same meaning as any defined term in the Agreement for "Customer," "Member," or "Enrollee"; and "Payer," as used in this Rider, will have the same meaning as any defined term in the Agreement for "Payer," "participating entity," or "Payor." The following definitions are added to the Appendix:
 - 1.1 **PCP Codes:** The following Health Care Common Procedure Codes:
 - (a) Evaluation and Management ("E & M") Codes: 99201 through 99499.
 - (b) Vaccine Administration Codes: 90460, 90461, 90471, 90472, 90473, 90474, or their successor codes.
 - 1.2 **PCP:** A physician who is:
 - (a) Board-certified in one of the following specialties: Family Practice, General Internal Medicine, and Pediatric Medicine; or
 - (b) Otherwise designated in 42 CFR §447.400 or its successor.
 - 1.3 **PCP E & M Rate:** The amount specified in 42 CFR § 447.405(a) or its successor.
 - 1.4 **PCP Vaccine Rate:** The amount specified in 42 CFR § 447.405(b) or its successor.

2. **PCP payments.** For PCP Codes related to E & M Covered Services rendered to Customers enrolled in Medicaid Benefit Plans, United or Payer (as applicable) will pay to PCPs the higher of the contract rate or the PCP E & M Rate. For PCP Codes related to Vaccine Administration Covered Services rendered to Customers enrolled in Medicaid Benefit Plans, United or Payer (as applicable) will pay to PCPs the higher of the contract rate or the PCP Vaccine Rate.
3. **Effective Date of Rider.** This Rider will be effective as required by 42 CFR §447.400 *et seq.*, and applicable State requirements and will remain in effect so long as required by those regulations and applicable State requirements.
4. **Effect of Rider.** All other provisions of the Agreement and Appendix will remain in full force and effect.

**REGULATORY RIDER TO THE
Applicable State Government Sponsored Programs Regulatory Requirements Appendix (the "Appendix")**

**CENTERS FOR MEDICARE AND MEDICAID SERVICES
PAYMENTS FOR PRIMARY CARE SERVICES FURNISHED BY PHYSICIANS**

THIS REGULATORY RIDER (this "Rider"), hereby unilaterally supplements and amends the Appendix as set forth herein. All capitalized terms not defined in this Rider shall have the meaning ascribed to them in the Appendix or the underlying governing agreement (the "Agreement") as applicable.

WHEREAS, the Centers for Medicare and Medicaid ("CMS") requires all health plans, including but not limited to United, to ensure minimum payment rates for primary care services rendered by primary care physicians pursuant to 42 CFR §447.400 *et seq.*; and

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 - (a) Evaluation and Management ("E & M") Codes: 99201 through 99499.
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 - 1.2 **PCP:** A physician who is:
 - (a) Board-certified in one of the following specialties: Family Practice, General Internal Medicine, and Pediatric Medicine; or
 - (b) Otherwise designated in 42 CFR §447.400 or its successor.
 - 1.3 **PCP E & M Rate:** The amount specified in 42 CFR § 447.405(a) or its successor.
 - 1.4 **PCP Vaccine Rate:** The amount specified in 42 CFR § 447.405(b) or its successor.

2. **PCP payments.** For PCP Codes related to E & M Covered Services rendered to Customers enrolled in Medicaid Benefit Plans, United or Payer (as applicable) will pay to PCPs the higher of the contract rate or the PCP E & M Rate. For PCP Codes related to Vaccine Administration Covered Services rendered to Customers enrolled in Medicaid Benefit Plans, United or Payer (as applicable) will pay to PCPs the higher of the contract rate or the PCP Vaccine Rate.
3. **Effective Date of Rider.** This Rider will be effective as required by 42 CFR §447.400 *et seq.*, and applicable State requirements and will remain in effect so long as required by those regulations and applicable State requirements.
4. **Effect of Rider.** All other provisions of the Agreement and Appendix will remain in full force and effect.

Physician and provider demographic change submission form

The "Physician and provider demographic change submission form" (#M44539-A or M44539-B) on the CD version of the Welcome Kit includes an outdated fax number.

The corrected form is enclosed, here, and also is available at UnitedHealthcareOnline.com > **Tools & Resources > Welcome Kit for New Physicians and Providers.**

Section II continued

Change pertains to all physicians/health care providers under the Tax ID (TIN):

Specify physicians/health care providers affected by the change:

We are closing our practice to new patients effective

We are reopening our practice to new patients effective

Check this box if you do not have a private office and only see patients at the hospital

Signature of Participating

Physician/Health Care Provider:

Date

Section III National Provider Identification - Requested information

We would like to capture the "basis" or reason for each NPI, if the organization has more than one NPI or has sub-parts who have NPIs. Please use the grid below as a reference when filling in the "Basis for NPI" and Level Information columns in the NPI Collection Grid below (page 3).

If the Basis for your NPI is:	Then supply this information in the Level Information column	Instructional information
C = Entity whose name is on the W-9	Tax ID and Name Filed on W-9	If the organization or sub-part was enumerated strictly on the basis of the name associated with the Tax ID on the W-9 form, then use a "C" in the "Basis for NPI" column. (You will need to indicate whether the Tax ID is a Social Security number or if it is an employer identification number.) Place the Tax ID in the "Level Information" column.
D = Department	Department Name	If the organization or sub-part was enumerated on the basis of a particular department, provide the Department Name that the NPI was based on, and designate this with a "D" in the "Basis for NPI" column. Insert the Department Name in the "Level Information" column.
L = License	License Number and State or (state code)	If the organization or sub-part was enumerated by License, provide the state or (state code) and License Number that the NPI was based on, and designate this with an "L" in the "Basis for NPI" column. Insert the License Number and state or state code in the "Level Information" column.
P = Place of Service Address	Place of Service Address (Street, City, State, ZIP +4)	If the organization was enumerated by place of service address, provide the street address that the NPI was based on and designate this with a "P" in the "Basis for NPI" column. Insert the Place of Service address in the "Level Information" column.
T = Tax ID Number and Provider Name	Tax ID and Provider Name, where provider is not the name on the W-9, but bills using this TIN	If the organization or sub-part was enumerated by Tax ID <u>and</u> Provider Name, where the provider is not the name listed on the W-9, but uses this TIN, then designate this with a "T" in the "Basis for NPI" column. Place the Tax ID in the "Level Information" column and indicate whether the Tax ID is a Social Security number or if it is an employer identification number.
X = Taxonomy	NUCC Taxonomy Code	If the organization or sub-part was enumerated by a NUCC Taxonomy code, please provide the Taxonomy Code that the NPI was based on and designate this with an "X" in the "Basis for NPI" column. Place the NUCC Taxonomy Code in the "Level Information" column.
O = Other	Specify details for selecting 'Other'	Provide any other basis for NPI in the "Basis for NPI" column and designate as "O", with a description of the basis for that NPI in the "Level Information" column.
M = Name	Provider Name	This is intended for use by physicians and allied health professionals (people providers). Insert the name in the "Level Information" column.

PARTICIPATION AGREEMENT DETERMINATION

Re: Medical Group Participation Agreement to expand the Cochise Health & Social Services network of insurance company payers, while at the same time, United Healthcare is working to expand their network of providers in Cochise County; between the Cochise Health & Social Services and United Healthcare.

The attached agreement, which is an agreement between public agencies, has been reviewed pursuant to A.R.S. § 11-952 on behalf of the Cochise Health & Social Services by the undersigned Deputy County Attorney who has determined that it is in proper form and is within the powers and authority granted under the laws of the State of Arizona.

APPROVED AS TO FORM this 23rd day of September, 2013.

COCHISE COUNTY ATTORNEY

By: Terry Bannan
Terry Bannan
Civil Deputy County Attorney