AGENDA ITEM or FINAL CONTRACT REVIEW SUBMITTAL FORM

AgendaTitle:
Health Care Provider Summary Disclosure Form and Medical Group Contract; UnitedHealthCare Insurance Company and UnitedHealthCare of Colorado, Inc.; Immunizations and Family Planning Services

Action Requested: County Manager Signature

Parties to the Agreement: BOCC & UnitedHealthcare

Term Begins: when signed **Term Ends:** 8/22/2017 **Grant Contract #:**

Summary:
This contract will enable Public Health to bill UnitedHealthcare for immunizations & family planning services. We will be reimbursed as an in-network provider.

Fiscal Impact: none

Submitted by: C Worrall **Submitter's Email Address:** cworrall@gunnisoncounty.org

Finance Review: (●) Required ( ) Not Required

Comments:

This Agreement allows Public Heath to bill the insurance company for services rendered.

Reviewed by: GUNCOUNTY1\lNienhueser Discharge Date: 8/26/2014

County Attorney Review: (●) Required ( ) Not Required

Comments:

Reviewed by: GUNCOUNTY1\atrezise Discharge Date: 8/25/2014 Certificate of Insurance Required Yes ( ) No (●)

County Manager Review:

Comments:

Reviewed by: GUNCOUNTY1\mbirnie Discharge Date: 8/26/2014

(●) Consent Agenda ( ) Regular Agenda ( ) Worksession Time Allotted:

Agenda Date: 9/2/2014 Follow Up Agenda Date:

Revised April 2013

UnitedHealthcare®

P.O. Box 30449
Salt Lake City, UT 84130-0449

August 12, 2014

GUNNISON COUNTY PUBLIC HEALTH
225 N PINE ST STE E
GUNNISON, CO 81230-2648

Re: Action Required – Review of Participation Agreement

To Whom It May Concern:

We believe your group practice would benefit from executing a UnitedHealthcare Medical Group Participation Agreement, which **enables all physicians in your medical group to participate with UnitedHealthcare under one contract, one Tax Identification Number (TIN) and one fee schedule(s), and we ask that you consider this option for your group practice.**

The Agreement will replace and supersede all of the individual contracts and fee schedules currently in place between UnitedHealthcare and your medical group physicians. You can review additional details about our products and policies as referenced in the Agreement, including our Administrative Guide at ***UnitedHealthcareOnline.com > Tools & Resources > Policies, Protocols and Guides.***

Electronic Signature of the Medical Group Participation Agreement
UnitedHealthcare offers electronic contracting to physicians and practitioners so that agreements can be easily signed and returned by email, which replaces the need to print, sign and mail the agreements back to us. This secure, paperless process meets all state and federal requirements for privacy and compliance. If you choose to transition your group to the Medical Group Participation Agreement, please follow the instructions provided in the attached Agreement to sign your Medical Group Participation Agreement within 90 calendar days from the date of this letter.

By signing the Medical Group Participation agreement, you are attesting that you have full authority to bind the above-referenced practice to the agreement. If you are not authorized to sign participation agreements for this practice, please forward the participation agreement to an authorized signer using the link provided in the email.

Since your medical group includes more than one physician, please verify, update and return the attached Physician Roster. Also included for your review and acceptance are the market-standard specifications and samples of the new fee schedule(s) for your group.

To implement to the Medical Group Participation Agreement for your group practice, please do the following:

1. Sign both contracts
2. ✓ Verify and Update Appendix 3 – Physician Roster – previously sent - copy attached
3. ✓ Complete Appendix 4 – Your Practice Locations – correct as printed
4. Click "Send" to return your contract.

Insurance coverage provided by UnitedHealthcare Insurance Company or its affiliates. Health plan coverage provided by UnitedHealthcare of Arizona, Inc.; UnitedHealthcare of California, UnitedHealthcare of Colorado, Inc.; UnitedHealthcare of Oregon, Inc.; UnitedHealthcare of Utah, Inc.; and UnitedHealthcare of Washington, Inc. or other affiliates. Administrative services provided by United HealthCare Services, Inc. or its affiliates.

This option is valid for 90 days from the date of this letter and will expire after that date. We hope you will consider it. Please call Network Management at Colorado at 866-574-6088 with any questions. Thank you.

Sincerely,

UnitedHealthcare

Enclosures

Insurance coverage provided by UnitedHealthcare Insurance Company or its affiliates. Health plan coverage provided by UnitedHealthcare of Arizona, Inc.; UnitedHealthcare of California, UnitedHealthcare of Colorado, Inc.; UnitedHealthcare of Oregon, Inc.; UnitedHealthcare of Utah, Inc.; and UnitedHealthcare of Washington, Inc. or other affiliates. Administrative services provided by United HealthCare Services, Inc. or its affiliates.

Doc#: UHC2047a.1_20130311

UnitedHealthcare®

Participation Agreement Check List

Below is a checklist of actions to be completed prior to returning your Medical Group Participation Agreement to UnitedHealthcare within 90 days of the date of this letter:

- ❒ Review the Medical Group Participation Agreement
- ❒ Have your practice's authorized signatory sign and date all designated signature block(s) in the Agreement
- ❒ Complete any other designated areas of the Agreement that applies to your practice.
- ❒ Complete the Demographic Form, for your practice

If you received a paper Agreement, then complete the following items:

- ❒ Confirm that your Tax Identification Number (TIN) on the signature page is accurate. If it is not accurate, please enter the correct TIN and initial the change. Please include an updated W-9 to confirm the change in your TIN.
- ❒ Return both copies of the signed Agreement including regulatory appendices, fee schedule, group roster, practice location page and the W-9 in the return envelope and mail to:

  UnitedHealthcare Physician Contract Support and Network Depiction
  1311 West President George Bush Hwy.
  Richardson, TX 75080

Please do NOT enter an effective date on the Agreement or make any handwritten comments or markings on the contract or fee schedules.

Once the Agreement is fully executed by both parties, we will send you a copy of the signed Agreement with the effective date.

For commercial products in the West Region: Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Health Plan coverage provided by or through UnitedHealthcare of Arizona, Inc., UnitedHealthcare of California, UnitedHealthcare of Colorado, Inc., UnitedHealthcare of Oregon, Inc., UnitedHealthcare of Utah, Inc., and UnitedHealthcare of Washington, Inc.
Administrative services provided by United HealthCare Services, Inc. or its affiliates.

Doc#: UHC2047a.1_20130311

HEALTH CARE PROVIDER SUMMARY DISCLOSURE FORM
UNITEDHEALTHCARE INSURANCE COMPANY AND
UNITEDHEALTHCARE OF COLORADO, INC.

HEALTH CARE PROVIDER:
GUNNISON COUNTY PUBLIC HEALTH

I. Compensation and Payment

Manner of Payment: Fee For Service

Reimbursement Methodology: See Payment Appendix(ices)

Fee Schedule Information: Fee Schedule Samples are accessible via www.unitedhealthcareonline.com or by calling 866-574-6088.

Reimbursement Policies: Claim edits can be determined via the Claim Estimator tool located at www.unitedhealthcareonline.com or call 866-574-6088.

II. Categories of Coverage

[X] HMO
[X] Commercial Plan other than HMO
[_____] Medicare
[_____] Medicaid
[_____] Workers' Compensation

For additional detail see Benefit Plan Descriptions Appendix

III. Duration of Contract & Termination

Duration:
[_____] Simplified Physician Agreement – One Year
[_____] Practitioner Agreement – One Year
[X] Simplified Medical Group Agreement – Three Years
[_____] Medical Group Agreement – _____ Years
[_____] Simplified Practitioner Group Agreement – Three Years

Termination:
Agreements with a term of less than two (2) years, United or Provider may terminate the Agreement without cause upon advanced written notice in the form and for the length of time as provided in the Agreement, but in no case less than ninety (90) days written notice.

IV. Identity of person responsible for processing claims

UnitedHealthcare Insurance Company and/or its Affiliates.
Refer to Member ID Card for mailing and electronic submission of claims information.

V. Dispute Resolution Process

Refer to Resolving Disputes in the UHC Administrative Guide

VI. Subject and Order of Addenda

Appendix 1 – [Appendix List] Appendix 2 – Benefit Plan Descriptions Additional Manuals Appendix – [_____] Payment Appendix (ices) Appendix 3 – Provider Roster – [_____] Appendix 4 – Provider Billing Information [_____]	[_____] Medicare Regulatory Appendix [_____] Medicaid Regulatory Appendix [X] Colorado Regulatory Appendix

This summary disclosure form is for informational purposes only and does not constitute a term and condition of the contract. This form;, however, does reasonably summarize the applicable contract provisions as required under Colorado law. See C.R.S. § 25-37-101. Health Care Providers are encouraged to review the terms and conditions of their contract.

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.unitedhealthcareonline.com (UnitedHealthcare Online®) 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, UnitedHealthcare of Colorado, Inc., PacifiCare of Colorado, 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 UnitedHealthcare Online® functionality as they become available and will make information available to you as to which products are supported by UnitedHealthcare Online.

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). 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 Arapahoe County, CO.

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 :GUNNISON COUNTY PUBLIC HEALTH	Address to be used for giving notice under the agreement:
DBA (if applicable):GUNNISON COUNTY PUBLIC HEALTH	Street: 225 N PINE ST STE E
Signature:	City: GUNNISON
Print Name: _____	State: CO
Title: _____	Zip Code: 81230-2648
Date: _____	TIN: 846000770
E-Mail: _____	National Provider Identification (NPI) Number: 1942366612

UnitedHealthcare Insurance Company, on behalf of itself, UnitedHealthcare of Colorado, Inc., PacifiCare of Colorado, Inc., and its other affiliates, as signed by its authorized representative:
Signature: _____
Print Name: _____
Date: _____
For office use only: GD-1071361 952090 Month, day and year in which agreement is first effective: _____

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 :GUNNISON COUNTY PUBLIC HEALTH	Address to be used for giving notice under the agreement:
DBA (if applicable):GUNNISON COUNTY PUBLIC HEALTH	Street: 225 N PINE ST STE E
Signature:	City: GUNNISON
Print Name: _____	State: CO
Title: _____	Zip Code: 81230-2648
Date: _____	TIN: 846000770
E-Mail: _____	National Provider Identification (NPI) Number: 1942366612

UnitedHealthcare Insurance Company, on behalf of itself, UnitedHealthcare of Colorado, Inc., PacifiCare of Colorado, Inc., and its other affiliates, as signed by its authorized representative:
Signature: _____
Print Name: _____
Date: _____
For office use only: GD-1071361 952090 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	**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.
Payment Appendices	**Fee Information Document includes:** 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.unitedhealthcareonline.com.
Appendix 3	This document provides information about the members of your professional staff.
Appendix 4	This document provides information about your practice locations.
State Regulatory Requirements Appendix	In some instances, states add requirements to our agreement that are set forth in this appendix.
Medicare Regulatory Requirements Appendix	(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.
Medicaid and/or CHIP Regulatory Requirements Appendix(ices)	(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 these appendix(ices).
Administrative Guide	Our Administrative Guide governs the mechanics of our relationship. Our Administrative Guide may be viewed by going to www.unitedhealthcareonline.com, and it will also be made available to you upon request. We may make changes to the Administrative Guide or other administrative protocols upon 30 days electronic or written notice to you. Additionally, for some of the benefit contracts for which you may provide covered services under this agreement, you are subject to additional requirements of one or more additional provider manuals ("Additional Manuals"). When this agreement refers to protocols or reimbursement policies it is also referring to the Additional Manuals. An Additional Manual may be a separate document or it may be a supplement to the UnitedHealthcare Physician, Health Care Professional, Facility and Ancillary Provider Administrative Guide ("UnitedHealthcare Administrative Guide").

	For benefit contracts subject to an Additional Manual, the Additional Manual controls if it conflicts with any of the following: (1) a provision of this agreement or of the UnitedHealthcare Administrative Guide; or (2) a United protocol or reimbursement policy. However, the Additional Manual does not control where it confliets with applieable statutes or regulations. The Additional Manuals will be made available to you on a designated website and upon request. The names of the Additional 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 Additional Manual; if we do so, we will inform you. We may make changes to the Additional Manuals subject to this provision in accordance with the provisions of this agreement relating to protocol and reimbursement policy changes.

Table 1.

Benefit Contract	**Description of Applicable Additional Manual**	**Website**
This row intentionally left blank		
Benefit contracts issued or administered by PacifiCare of Colorado, Inc. "WEST" is referenced on the identification card for Customers eligible for and enrolled in those benefit contracts.	UnitedHealthcare West Non-Capitated Supplement to the UnitedHealthcare Administrative Guide	www.unitedhealthcareonline.com
This row intentionally left blank	_____	_____

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:

- Benefit contracts where customers are offered a network of participating providers and must select a primary physician, who in some cases must approve any care provided by other health care providers. Such benefit contracts may or may not include an out-of-network benefit.

- Benefit contracts where customers are offered a network of participating providers but are not required to select a primary physician. Such benefit contracts may or may not include an out-of-network benefit.

_____

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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:

- Benefit contracts where customers are not offered a network of participating providers from which they may receive covered services.

- Medicare Advantage Benefit Contracts.

- Medicare and Medicaid Enrollees (MME) Benefit Contracts.

- Benefit contracts for Medicare Select.

- Capitation Arrangements.
- Medicaid Benefit Contracts.
- CHIP Benefit Contracts.
- Benefit contracts accessing a network administered by OneNet PPO, LLC, other than workers' compensation benefit contracts.
- Benefit contracts for workers' compensation programs accessing a network administered by OneNet PPO, LLC.
- Benefit contracts for workers' compensation benefit programs other than those accessing a network administered by OneNet PPO, LLC.
- Medicare Advantage Private Fee-For-Service benefit contracts and Medicare Advantage Medical Savings Account benefit contracts.
- Other Governmental Benefit Contracts.
- TRICARE benefit contracts.
- Benefit contracts for workers' compensation benefit programs.

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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 in this Appendix 2 regarding customer identification cards. If that happens, section 3a or section 3b of this Appendix 2 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 Appendix 2 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.

- **Medicare and Medicaid Enrollees (MME) Benefit Contract** means the CMS sponsored Financial Alignment Demonstration Plan providing integrated care benefits for individuals eligible for both the state Medicaid program and the Medicare program (Parts A, B, C and D). At such time as this benefit contract is no longer a demonstration project and is fully implemented in the state, this definition will be interpreted to refer to the fully implemented plan.

MEDICAID, CHIP AND OTHER STATE PROGRAMS:

- **Medicaid Benefit Contracts** means benefit contracts that offer coverage to beneficiaries of a program that is authorized by Title XIX of the federal Social Security Act, and jointly financed by the federal and state governments and administered by the state.

- **Children's Health Insurance Program ("CHIP") Benefit Contracts** means benefit contracts under the program authorized by Title XXI of the federal Social Security Act that are jointly financed by the federal and state governments and administered by the state.

- **Other Governmental Benefit Contracts** means benefit contracts that are funded wholly or substantially by a state or district government or a subdivision of a state (such as a city or county), but do not include benefit contracts for:
  i) employees of a state government or a subdivision of a state and their dependents;
  ii) students at a public university, college or school;
  iii) employer-based coverage of private sector employees, even if the employer receives a government subsidy to help fund the coverage;
  iv) Medicaid beneficiaries;
  v) Children's Health Insurance Program (CHIP) beneficiaries; and
  vi) Medicare and Medicaid Enrollees (MME).

OTHER:

- "Individual Exchange Benefit Contracts" means benefit contracts administered pursuant to the federal Patient Protection and Affordable Care Act including: (a) benefit contracts marketed through Individual Exchanges administered by either the federal government and/or a state government, and any off-Exchange version of such benefit contracts (but not including benefit contracts which are offered by employers or other group sponsors through an exchange mechanism, whether operated by the employer or group or by the federal or state government or other third party; such benefit contracts will be included under the Agreement as otherwise provided under the Agreement); and (b) benefit contracts for the Basic Health Program administered by a state government, and any off-Exchange version of such benefit contracts.

- **Capitation Arrangements** are when all of the following apply:

  i) You (directly or through an IPA or other provider organization in which you participate) are part of a network for one of our affiliates; and
  ii) As part of that network, you arrange directly with our affiliate, or an IPA, or another medical group or other provider organization, for certain designated services to be provided to members who are assigned to you or to the IPA or the other medical group or

other provider organization (as the case may be) and who are covered under benefit contracts; and under which either:

a) Your IPA, medical group or other provider organization is capitated or otherwise has financial responsibility; or

b) You or your IPA, medical group or other provider organization are paid on a fee for service basis directly by the IPA, medical group or other provider organization that has financial responsibility for the service, at a rate you have agreed upon with the IPA, medical group or other provider organization that has financial responsibility; and

iii) You provide those designated services to one of those assigned members.

In such cases, the obligation for payment will be solely that of the medical group, IPA, or provider organization that has financial responsibility for the service, and not ours or our affiliate's.

Payment Appendix - All Payer

All Payer Fee Information Document: REGN 99242/99243

Unless another Payment Appendix to this agreement applies specifically to a particular benefit contract as it covers a particular customer, the provisions of this Payment Appendix apply to covered services rendered by you to customers covered by benefit contracts sponsored, issued or administered by all participating entities.

Payment Appendix - Options PPO

Options PPO Fee Information Document: REGN 99242/99243

The provisions of this Payment Appendix apply to covered services rendered by you to customers covered by benefit contracts marketed under the name "Options PPO".

Payment Appendix - Navigate

Navigate Fee Information Document: REGN 99242/99243

This Payment Appendix applies to covered services rendered to customers covered by benefit contracts marketed under the name UnitedHealthcare Navigate, UnitedHealthcare Navigate Balanced, or UnitedHealthcare Navigate Plus (hereafter referred to collectively as "UnitedHealthcare Navigate").

This Payment Appendix also applies to benefit contracts marketed under any brand name adopted by us in the future to supplement and/or replace UnitedHealthcare Navigate.

Payment Appendix - Core

Core Fee Information Document: REGN 99242/99243

This Payment Appendix applies to covered services rendered to customers covered by benefit contracts marketed under the name UnitedHealthcare Core. This Payment Appendix also applies to benefit contracts marketed under any brand name adopted by us in the future to supplement and/or replace UnitedHealthcare Core.

Payment Appendix - Compass

Compass Fee Information Document: REGN 99242/99243

This Payment Appendix applies to covered services rendered to customers covered by Individual Exchange Benefit Contracts and certain narrow network benefit contracts marketed to individuals that are not Individual Exchange Benefit Contracts, but that use the Individual Exchange network ("Individual Narrow Network Benefit Contracts") marketed under the name UnitedHealthcare Compass. However, if an Individual Exchange Benefit Contract or an Individual Narrow Network Benefit Contract is marketed under another benefit contract type, this Payment Appendix will not apply to that other benefit contract type and instead the applicable Payment Appendix would be the Payment Appendix that otherwise applies to that benefit contract type.

This Payment Appendix also applies to benefit contracts marketed under any brand name adopted by us in the future to supplement and/or replace UnitedHealthcare Compass.

"Individual Exchange Benefit Contracts" are benefit contracts administered pursuant to the federal Patient Protection and Affordable Care Act including: (a) benefit contracts marketed through Individual Exchanges administered by either the federal government and/or a state government, and any off-Exchange version of such benefit contracts; and (b) benefit contracts for the Basic Health Program administered by a state government, and any off-Exchange version of such benefit contracts.

Payment Appendix - Charter

Charter Fee Information Document: REGN 99242/99243

This Payment Appendix applies to covered services rendered to customers covered by benefit contracts marketed under the name UnitedHealthcare Charter, UnitedHealthcare Charter Balanced, or UnitedHealthcare Charter Plus (hereafter referred to collectively as "UnitedHealthcare Charter").

This Payment Appendix also applies to benefit contracts marketed under any brand name adopted by us in the future to supplement and/or replace UnitedHealthcare Charter.

UnitedHealthcare®

Request For Participation For Practitioners

Submission of this information does not constitute approval or acceptance in the network

Please PRINT clearly and return along with W-9 to National Credentialing at Fax # 612-234-0211

Date Submitted: May 15, 2014

Total number of practitioners requesting participation:

WE WILL CREDENTIAL YOU FOR ALL PRODUCTS AVAILABLE IN YOUR AREA UNLESS OTHERWISE SPECIFIED. If only requesting certain products - please specify which:

UnitedHealthcare: Commercial Medicare Medicaid TRICARE

#1

Practitioner Last Name	Practitioner First Name	MI	Degree	Practitioner Specialty
Sunday	Erin	L	MS - WHNP	Women's Health Nurse Practitioner

SSN	DOB	NPI	Gender	CAQH ID #
309-68 3272	9-14-72	1962648790	Female	12115873

Start Date at Practice	License #	Graduation/Residency Completion Date	Credentialing Contact Name	Contact Phone Number
2-29-08	NP 5989 177990	8/2008	Randy Morgan	970 641 0209

Is Practitioner already participating with UnitedHealthcare under a different Tax ID Number? yes

If yes - please list TIN (s): 846002707

Will Practitioner continue with the TIN listed above? yes

If No, Please list date when practitioner is leaving the TIN listed above:

Legal Owner of TIN - As listed on W-9	Tax ID #	Practice/Group Name
Gunnison County	84 6000 770	Gunnison County Public Health

Primary Place of Service Address	City	State	Zip	Phone Number	Fax Number
225 N Pine St. Ste E	Gunnison	CO	81230	970 641 0209	970 641 8346
Billing Address	**City**	**State**	**Zip**	**Phone Number**	**Fax Number**
225 N. Pine St. Ste E	Gunnison	CO	81230	970-641-0209	970-641-8346
Credentialing Address	**City**	**State**	**Zip**	**Phone Number**	**Fax Number**
225 N. Pine St. Ste E	Gunnison	CO	81230	970-641-0209	970-641-8346

**If TIN and address information are the same for the additional providers you need only complete the provider specific information for the remaining providers on the next sheet. If the demographic information is different for each provider please make copies of this form as needed.

#___

Practitioner Last Name	Practitioner First Name	MI	Degree	Practitioner Specialty
Talbert	Nicol		PA-C, MS	Family/Fs health

SSN	DOB	NPI	Gender	CAQH ID #
524922242	4/5/72	1033187026	female	

Start Date at Practice	License #	Graduation/Residency Completion Date	Credentialing Contact Name	Contact Phone Number
October 2006	2297	5/2005	Randy H Morgan	970-641-0209

Is Practitioner already participating with UnitedHealthcare under a different Tax ID Number?

If yes - please list TIN (s):

Will Practitioner continue with that TIN? | If No, Please list date when practitioner is leaving that TIN:

#___

Practitioner Last Name	Practitioner First Name	MI	Degree	Practitioner Specialty
Worrall	Carol			Public Health Nursing

SSN	DOB	NPI	Gender	CAQH ID #
572-78-2756	9/8/1951	1396893731	female	

Start Date at Practice	License # RN	Graduation/Residency Completion Date	Credentialing Contact Name	Contact Phone Number
Aug 1999	0122880	1972	Randy H. Morgan	970-641-0209

Is Practitioner already participating with UnitedHealthcare under a different Tax ID Number? No

If yes - please list TIN (s):

Will Practitioner continue with that TIN? | If No, Please list date when practitioner is leaving that TIN:

#___

Practitioner Last Name	Practitioner First Name	MI	Degree	Practitioner Specialty
McLoughlin	Laura	S.	BA/RN	Family Pl

SSN	DOB	NPI	Gender	CAQH ID #
183500920	2/16/69	1124178173	female	

Start Date at Practice	License # RN	Graduation/Residency Completion Date	Credentialing Contact Name	Contact Phone Number
10/2005	0163228	1999	Randy H Morgan	970 641 0209

Is Practitioner already participating with UnitedHealthcare under a different Tax ID Number? No

If yes - please list TIN (s):

Will Practitioner continue with that TIN? | If No, Please list date when practitioner is leaving that TIN:

Make additional copies of this form as needed.

Updated: 11/18/13

#___

Practitioner Last Name	Practitioner First Name	MI	Degree	Practitioner Specialty
Ryan	Brenda	G	BSN	Pediatrics Immunization

SSN	DOB	NPI	Gender	CAQH ID #
415-06-9504	9-17-64	1538486824	female	

Start Date at Practice	License #	Graduation/Residency Completion Date	Credentialing Contact Name	Contact Phone Number
~~June~~ Aug. 2009	RN 192117	May 1986	Randy H Morgan	970 641 0209

Is Practitioner already participating with UnitedHealthcare under a different Tax ID Number?

If yes - please list TIN (s):

Will Practitioner continue with that TIN?	If No, Please list date when practitioner is leaving that TIN:

#___

Practitioner Last Name	Practitioner First Name	MI	Degree	Practitioner Specialty
Hindes	Sarah	K	BSN/BA	Child Care Consultant Nurse Family Partnership

SSN	DOB	NPI	Gender	CAQH ID #
522-19-8971	12-21-71	1194168088	female	

Start Date at Practice	License #	Graduation/Residency Completion Date	Credentialing Contact Name	Contact Phone Number
2/2013	RN 0170569	Dec 2005	Randy H. Morgan	970-641-0209

Is Practitioner already participating with UnitedHealthcare under a different Tax ID Number?

If yes - please list TIN (s):

Will Practitioner continue with that TIN?	If No, Please list date when practitioner is leaving that TIN:

#___

Practitioner Last Name	Practitioner First Name	MI	Degree	Practitioner Specialty
Ryan	Brenda	G	BSN	Pediatrics Immunizations

SSN	DOB	NPI	Gender	CAQH ID #
~~415-06-9504~~	~~9-17-64~~		female	

Start Date at Practice	License #	Graduation/Residency Completion Date	Credentialing Contact Name	Contact Phone Number

Is Practitioner already participating with UnitedHealthcare under a different Tax ID Number?

If yes - please list TIN (s):

Will Practitioner continue with that TIN?	If No, Please list date when practitioner is leaving that TIN:

Make additional copies of this form as needed.

Updated: 11/18/13

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)
- Willing to be listed/assigned as a Primary Care Professional "PCP" (Y/N)
- 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 GUNNISON COUNTY PUBLIC HEALTH

Street Address 225 N PINE ST STE E

City GUNNISON
State CO Zip 81230-2648

Tax ID Number (TIN) 846000770

National Provider ID (NPI) _____

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**
_____	_____	_____
TIN (*If different from above*)	**TIN (*If different from above*)**	**TIN (*If different from above*)**
_____	_____	_____
National Provider ID (NPI)	**National Provider ID (NPI)**	**National Provider ID (NPI)**
_____	_____	_____

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**
TIN (*If different from above*)	**TIN (*If different from above*)**	**TIN (*If different from above*)**
National Provider ID (NPI)	**National Provider ID (NPI)**	**National Provider ID (NPI)**

UnitedHealthcare

Payment Appendix

All Payer Fee Information Document

Fee Schedule Specifications: as of 07/01/2014
Report Date: 08/08/2014

Fee Schedule ID: REGN 99242 - NonFacility

Linked Fee Schedule ID: REGN 99243 - Facility

Type Of Service	Primary Fee Source	Pricing Level
EVALUATION & MANAGEMENT	2013 CMS RBRVS Carrier Locality (0000000)	135.203%
EVALUATION & MANAGEMENT - NEONATAL	2013 CMS RBRVS Carrier Locality (0000000)	135.203%
EVALUATION & MANAGEMENT - PREVENTIVE	2013 CMS RBRVS Carrier Locality (0000000)	135.203%
EVALUATION & MANAGEMENT - NURSING FACILITY SVCS	2013 CMS RBRVS Carrier Locality (0000000)	135.203%
SURGERY - INTEGUMENTARY	2013 CMS RBRVS Carrier Locality (0000000)	135.203%
SURGERY - MUSCULOSKELETAL	2013 CMS RBRVS Carrier Locality (0000000)	135.203%
SURGERY - RESPIRATORY	2013 CMS RBRVS Carrier Locality (0000000)	135.203%
SURGERY - CARDIOVASCULAR	2013 CMS RBRVS Carrier Locality (0000000)	135.203%
SURGERY - HEMIC & LYMPHATIC	2013 CMS RBRVS Carrier Locality (0000000)	135.203%
SURGERY - MEDIASTINUM & DIAPHRAGM	2013 CMS RBRVS Carrier Locality (0000000)	135.203%
SURGERY - DIGESTIVE	2013 CMS RBRVS Carrier Locality (0000000)	135.203%
SURGERY - URINARY	2013 CMS RBRVS Carrier Locality (0000000)	135.203%
SURGERY - MALE GENITAL	2013 CMS RBRVS Carrier Locality (0000000)	135.203%
SURGERY - FEMALE GENITAL	2013 CMS RBRVS Carrier Locality (0000000)	135.203%
SURGERY - MATERNITY & DELIVERY	2013 CMS RBRVS Carrier Locality (0000000)	135.203%
SURGERY - ENDOCRINE	2013 CMS RBRVS Carrier Locality (0000000)	135.203%
SURGERY - NERVOUS	2013 CMS RBRVS Carrier Locality (0000000)	135.203%
SURGERY - EYE & OCULAR ADNEXA	2013 CMS RBRVS Carrier Locality (0000000)	135.203%
SURGERY - AUDITORY	2013 CMS RBRVS Carrier Locality (0000000)	135.203%
RADIOLOGY	2013 CMS RBRVS Carrier Locality (0000000)	100.000%
RADIOLOGY - BONE DENSITY	2013 CMS RBRVS Carrier Locality (0000000)	73.000%
RADIOLOGY - CT	2013 CMS RBRVS Carrier Locality (0000000)	85.000%
RADIOLOGY - MAMMOGRAPHY	2013 CMS RBRVS Carrier Locality (0000000)	110.000%
RADIOLOGY - MRI	2013 CMS RBRVS Carrier Locality (0000000)	85.000%
RADIOLOGY - MRA	2013 CMS RBRVS Carrier Locality (0000000)	85.000%
RADIOLOGY - NUCLEAR MEDICINE	2013 CMS RBRVS Carrier Locality (0000000)	85.000%
RADIOLOGY - PET SCANS	2013 CMS RBRVS Carrier Locality (0000000)	85.000%
RADIOLOGY - RADIATION THERAPY	2013 CMS RBRVS Carrier Locality (0000000)	125.000%
RADIOLOGY - ULTRASOUND	2013 CMS RBRVS Carrier Locality (0000000)	100.000%
LAB - PATHOLOGY	2013 CMS RBRVS Carrier Locality (0000000)	60.000%
OFFICE LAB	2013 CMS Clinical Lab Schedule National Limit	60.000%
CLINICAL LABORATORY	2013 CMS Clinical Lab Schedule National Limit	42.000%
MEDICINE - OPHTHALMOLOGY	2013 CMS RBRVS Carrier Locality (0000000)	135.203%
MEDICINE - CARDIOVASCULAR	2013 CMS RBRVS Carrier Locality (0000000)	135.203%
MEDICINE - ALLERGY & CLINICAL IMMUNOLOGY	2013 CMS RBRVS Carrier Locality (0000000)	135.203%
MEDICINE - CHIROPRACTIC MANIPULATIVE TREATMENT	2013 CMS RBRVS Carrier Locality (0000000)	135.203%
MEDICINE - PHYSICAL MED AND REHAB - MODALITIES	2013 CMS RBRVS Carrier Locality (0000000)	100.000%
MEDICINE - PHYSICAL MED AND REHAB -THERAPIES&OTHER	2013 CMS RBRVS Carrier Locality (0000000)	100.000%
MEDICINE - ENTERAL FORMULA	2013 CMS RBRVS Carrier Locality (0000000)	135.203%
MEDICINE - OTHER	2013 CMS RBRVS Carrier Locality (0000000)	135.203%
MEDICINE - IMMUNIZATION ADMINISTRATION	2013 CMS RBRVS Carrier Locality (0000000)	135.203%
MEDICINE - CHEMO ADMIN	2013 CMS RBRVS Carrier Locality (0000000)	135.203%
OBSTETRICS - GLOBAL	2013 CMS RBRVS Carrier Locality (0000000)	135.203%
IMMUNIZATIONS	UHC Immunization Fee Schedule	120.000%
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	2013 CMS DME Floor	60.000%
DME & SUPPLIES - RESPIRATORY	2013 CMS DME Floor	60.000%
DME & SUPPLIES - ORTHOTICS	2013 CMS DME Floor	60.000%
DME & SUPPLIES - PROSTHETICS	2013 CMS DME Floor	60.000%
DME & SUPPLIES - OSTOMY	2013 CMS DME Floor	60.000%
AMBULANCE	2013 CMS Ambulance Schedule - Urban (0000000)	135.203%

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): $ 46.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 07-01-2014

Fixed Fees: 36415 - $3.00 36416 - $3.00 87804 - $14.00 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.

Confidential and Proprietary Not for Distribution to Third Parties

UnitedHealthcare

Payment Appendix
All Payer Fee Information Document

Representative Fee Schedule Sample: as of 07/01/2014
Report Date: 08/08/2014

Fee Schedule ID: REGN 99242 - NonFacility

Linked Fee Schedule ID: REGN 99243 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
59400	00	OB CARE ANTEPART	OBSTETRICS - GLOBAL	NonFacility	$ 2907.66
59510	00	OB ANTEPARTUM CA	OBSTETRICS - GLOBAL	NonFacility	$ 3214.03
66984	00	CATARACT REMOVAL	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 902.98
77418	00	INTENS MOD TX DE	RADIOLOGY - RADIATION THERAPY	NonFacility	$ 506.94
88305	00	LEVEL IV SURG PA	LAB - PATHOLOGY	NonFacility	$ 42.05
88305	26	LEVEL IV SURG PA	LAB - PATHOLOGY	NonFacility	$ 22.04
88305	TC	LEVEL IV SURG PA	LAB - PATHOLOGY	NonFacility	$ 20.01
90460	00	IM ADM THRU 18YR	MEDICINE - IMMUNIZATION ADMINISTRATION	NonFacility	$ 34.96
90649	00	HUMAN PAPILLOMA	IMMUNIZATIONS	NonFacility	$ 169.66
90670	00	PNEUMOCOCCAL CON	IMMUNIZATIONS	NonFacility	$ 162.96
92014	00	OPHTH MEDICAL XM	MEDICINE - OPHTHALMOLOGY	NonFacility	$ 170.67
93306	00	ECHO TTHRC R-T 2	MEDICINE - CARDIOVASCULAR	NonFacility	$ 256.22
93306	26	ECHO TTHRC R-T 2	MEDICINE - CARDIOVASCULAR	NonFacility	$ 83.72
93306	TC	ECHO TTHRC R-T 2	MEDICINE - CARDIOVASCULAR	NonFacility	$ 172.50
99203	00	OFFICE OUTPATIEN	EVALUATION & MANAGEMENT	NonFacility	$ 146.28
99204	00	OFFICE OUTPATIEN	EVALUATION & MANAGEMENT	NonFacility	$ 222.64
99205	00	OFFICE OUTPATIEN	EVALUATION & MANAGEMENT	NonFacility	$ 275.54
99212	00	OFFICE OUTPATIEN	EVALUATION & MANAGEMENT	NonFacility	$ 59.34
99213	00	OFFICE OUTPATIEN	EVALUATION & MANAGEMENT	NonFacility	$ 98.44
99214	00	OFFICE OUTPATIEN	EVALUATION & MANAGEMENT	NonFacility	$ 144.44
99215	00	OFFICE OUTPATIEN	EVALUATION & MANAGEMENT	NonFacility	$ 193.21
99222	00	INITIAL HOSPITAL	EVALUATION & MANAGEMENT	NonFacility	$ 182.16
99223	00	INITIAL HOSPITAL	EVALUATION & MANAGEMENT	NonFacility	$ 267.72
99232	00	SBSQ HOSPITAL CA	EVALUATION & MANAGEMENT	NonFacility	$ 94.76
99233	00	SBSQ HOSPITAL CA	EVALUATION & MANAGEMENT	NonFacility	$ 136.62
99244	00	OFFICE CONSULTAT	EVALUATION & MANAGEMENT	NonFacility	$ 239.20
99283	00	EMERGENCY DEPART	EVALUATION & MANAGEMENT	NonFacility	$ 80.96
99284	00	EMERGENCY DEPART	EVALUATION & MANAGEMENT	NonFacility	$ 155.02
99285	00	EMERGENCY DEPT V	EVALUATION & MANAGEMENT	NonFacility	$ 226.78
99291	00	CRITICAL CARE IL	EVALUATION & MANAGEMENT	NonFacility	$ 368.00
99308	00	SBSQ NURSING FAC	EVALUATION & MANAGEMENT - NURSING FACILITY SVCS	NonFacility	$ 91.55
99309	00	SBSQ NURSING FAC	EVALUATION & MANAGEMENT - NURSING FACILITY SVCS	NonFacility	$ 120.06
99391	00	PERIODIC PREVENT	EVALUATION & MANAGEMENT - PREVENTIVE	NonFacility	$ 133.40
99392	00	PERIODIC PREVENT	EVALUATION & MANAGEMENT - PREVENTIVE	NonFacility	$ 142.60
99395	00	PERIODIC PREVENT	EVALUATION & MANAGEMENT - PREVENTIVE	NonFacility	$ 158.24
99396	00	PERIODIC PREVENT	EVALUATION & MANAGEMENT - PREVENTIVE	NonFacility	$ 168.81
99397	00	PERIODIC PREVENT	EVALUATION & MANAGEMENT - PREVENTIVE	NonFacility	$ 182.16
G0202	00	SCR MAMMO PRODUC	RADIOLOGY - MAMMOGRAPHY	NonFacility	$ 152.69
G0202	26	SCR MAMMO PRODUC	RADIOLOGY - MAMMOGRAPHY	NonFacility	$ 38.17
G0202	TC	SCR MAMMO PRODUC	RADIOLOGY - MAMMOGRAPHY	NonFacility	$ 114.52
J0178	00	INJECTION AFLIBE	INJECTABLES/OTHER DRUGS	NonFacility	$ 980.50
J1745	00	INJECTION INFLIX	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	NonFacility	$ 71.35
J2323	00	INJECTION NATAL	INJECTABLES/OTHER DRUGS	NonFacility	$ 13.97
J2505	00	INJECTION PEGFIL	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	NonFacility	$ 3307.54
J2778	00	INJECTION RANIBI	INJECTABLES/OTHER DRUGS	NonFacility	$ 397.01
J9035	00	INJECTION BEVACI	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	NonFacility	$ 65.58
J9263	00	INJECTION OXALIP	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	NonFacility	$ 0.56
J9305	00	INJECTION PEMETR	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	NonFacility	$ 59.96
J9310	00	INJECTION, RITUX	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	NonFacility	$ 693.90
J9355	00	INJECTION, TRAST	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	NonFacility	$ 80.64

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): $ 46.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS
Last Routine Maintenance Update: 07-01-2014

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.

UnitedHealthcare

Payment Appendix
All Payer Fee Information Document

Representative Fee Schedule Sample: as of 07/01/2014
Report Date: 08/08/2014

Fee Schedule ID: REGN 99242 - NonFacility

Linked Fee Schedule ID: REGN 99243 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
59400	00	OB CARE ANTEPART	OBSTETRICS - GLOBAL	Facility	$ 2907.66
59510	00	OB ANTEPARTUM CA	OBSTETRICS - GLOBAL	Facility	$ 3214.03
66984	00	CATARACT REMOVAL	SURGERY - EYE & OCULAR ADNEXA	Facility	$ 902.98
77418	00	INTENS MOD TX DE	RADIOLOGY - RADIATION THERAPY	Facility	$ 506.94
88305	00	LEVEL IV SURG PA	LAB - PATHOLOGY	Facility	$ 42.05
88305	26	LEVEL IV SURG PA	LAB - PATHOLOGY	Facility	$ 22.04
88305	TC	LEVEL IV SURG PA	LAB - PATHOLOGY	Facility	$ 20.01
90460	00	IM ADM THRU 18YR	MEDICINE - IMMUNIZATION ADMINISTRATION	Facility	$ 34.96
90649	00	HUMAN PAPILLOMA	IMMUNIZATIONS	Facility	$ 169.66
90670	00	PNEUMOCOCCAL CON	IMMUNIZATIONS	Facility	$ 162.96
92014	00	OPHTH MEDICAL XM	MEDICINE - OPHTHALMOLOGY	Facility	$ 108.55
93306	00	ECHO TTHRC R-T 2	MEDICINE - CARDIOVASCULAR	Facility	$ 256.22
93306	26	ECHO TTHRC R-T 2	MEDICINE - CARDIOVASCULAR	Facility	$ 83.72
93306	TC	ECHO TTHRC R-T 2	MEDICINE - CARDIOVASCULAR	Facility	$ 172.50
99203	00	OFFICE OUTPATIEN	EVALUATION & MANAGEMENT	Facility	$ 101.66
99204	00	OFFICE OUTPATIEN	EVALUATION & MANAGEMENT	Facility	$ 173.42
99205	00	OFFICE OUTPATIEN	EVALUATION & MANAGEMENT	Facility	$ 222.64
99212	00	OFFICE OUTPATIEN	EVALUATION & MANAGEMENT	Facility	$ 33.12
99213	00	OFFICE OUTPATIEN	EVALUATION & MANAGEMENT	Facility	$ 67.16
99214	00	OFFICE OUTPATIEN	EVALUATION & MANAGEMENT	Facility	$ 103.50
99215	00	OFFICE OUTPATIEN	EVALUATION & MANAGEMENT	Facility	$ 145.82
99222	00	INITIAL HOSPITAL	EVALUATION & MANAGEMENT	Facility	$ 182.16
99223	00	INITIAL HOSPITAL	EVALUATION & MANAGEMENT	Facility	$ 267.72
99232	00	SBSQ HOSPITAL CA	EVALUATION & MANAGEMENT	Facility	$ 94.76
99233	00	SBSQ HOSPITAL CA	EVALUATION & MANAGEMENT	Facility	$ 136.62
99244	00	OFFICE CONSULTAT	EVALUATION & MANAGEMENT	Facility	$ 201.48
99283	00	EMERGENCY DEPART	EVALUATION & MANAGEMENT	Facility	$ 80.96
99284	00	EMERGENCY DEPART	EVALUATION & MANAGEMENT	Facility	$ 155.02
99285	00	EMERGENCY DEPT V	EVALUATION & MANAGEMENT	Facility	$ 226.78
99291	00	CRITICAL CARE IL	EVALUATION & MANAGEMENT	Facility	$ 294.40
99308	00	SBSQ NURSING FAC	EVALUATION & MANAGEMENT - NURSING FACILITY SVCS	Facility	$ 91.55
99309	00	SBSQ NURSING FAC	EVALUATION & MANAGEMENT - NURSING FACILITY SVCS	Facility	$ 120.06
99391	00	PERIODIC PREVENT	EVALUATION & MANAGEMENT - PREVENTIVE	Facility	$ 92.47
99392	00	PERIODIC PREVENT	EVALUATION & MANAGEMENT - PREVENTIVE	Facility	$ 101.66
99395	00	PERIODIC PREVENT	EVALUATION & MANAGEMENT - PREVENTIVE	Facility	$ 117.76
99396	00	PERIODIC PREVENT	EVALUATION & MANAGEMENT - PREVENTIVE	Facility	$ 128.33
99397	00	PERIODIC PREVENT	EVALUATION & MANAGEMENT - PREVENTIVE	Facility	$ 135.24
G0202	00	SCR MAMMO PRODUC	RADIOLOGY - MAMMOGRAPHY	Facility	$ 152.69
G0202	26	SCR MAMMO PRODUC	RADIOLOGY - MAMMOGRAPHY	Facility	$ 38.17
G0202	TC	SCR MAMMO PRODUC	RADIOLOGY - MAMMOGRAPHY	Facility	$ 114.52
J0178	00	INJECTION AFLIBE	INJECTABLES/OTHER DRUGS	Facility	$ 980.50
J1745	00	INJECTION INFLIX	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	Facility	$ 71.35
J2323	00	INJECTION NATAL	INJECTABLES/OTHER DRUGS	Facility	$ 13.97
J2505	00	INJECTION PEGFIL	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	Facility	$ 3307.54
J2778	00	INJECTION RANIBI	INJECTABLES/OTHER DRUGS	Facility	$ 397.01
J9035	00	INJECTION BEVACI	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	Facility	$ 65.58
J9263	00	INJECTION OXALIP	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	Facility	$ 0.56
J9305	00	INJECTION PEMETR	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	Facility	$ 59.96
J9310	00	INJECTION, RITUX	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	Facility	$ 693.90
J9355	00	INJECTION, TRAST	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	Facility	$ 80.64

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): $ 46.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS
Last Routine Maintenance Update: 07-01-2014

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 Modifior (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.

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:

[(Value of 15 minute Anesthesia Conversion Factor / 15) * 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).

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:
Proration: Partial time units will be prorated and calculated to one decimal place rounded to the nearest tenth. 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 to the nearest tenth and the total time units for the claim will be 1.1 time units.

In the event that any of United's claims systems cannot administer the calculation of partial units 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 Proration method described above.

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 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.

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 2013 RVU, the 2013 Conversion Factor, and the 2013 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 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.

For Immunizations, United applies the UHC Immunization Fee Schedule. The Centers for Disease Control and Prevention Private Sector Selling Price (CDC PSSP) is the Primary Fee Source used to obtain the Fee Basis amounts. In the event that more than one Fee Basis amount is published by the CDC PSSP for a specific CPT/HCPCS code, an average of the published amounts will be used.

More information about the UHC Immunization Fee Schedule can be located at: www.unitedhealthcareonline.com >> Claims & Payments > Fee Schedule Lookup > Related Links "UHC Immunization Fee Schedule"

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.

UnitedHealthcare

Payment Appendix
Options PPO Fee Information Document
Fee Schedule Specifications: as of 07/01/2014
Report Date: 08/08/2014

Fee Schedule ID: REGN 99242 - NonFacility

Linked Fee Schedule ID: REGN 99243 - Facility

Type Of Service	Primary Fee Source	Pricing Level
EVALUATION & MANAGEMENT	2013 CMS RBRVS Carrier Locality (0000000)	135.203%
EVALUATION & MANAGEMENT - NEONATAL	2013 CMS RBRVS Carrier Locality (0000000)	135.203%
EVALUATION & MANAGEMENT - PREVENTIVE	2013 CMS RBRVS Carrier Locality (0000000)	135.203%
EVALUATION & MANAGEMENT - NURSING FACILITY SVCS	2013 CMS RBRVS Carrier Locality (0000000)	135.203%
SURGERY - INTEGUMENTARY	2013 CMS RBRVS Carrier Locality (0000000)	135.203%
SURGERY - MUSCULOSKELETAL	2013 CMS RBRVS Carrier Locality (0000000)	135.203%
SURGERY - RESPIRATORY	2013 CMS RBRVS Carrier Locality (0000000)	135.203%
SURGERY - CARDIOVASCULAR	2013 CMS RBRVS Carrier Locality (0000000)	135.203%
SURGERY - HEMIC & LYMPHATIC	2013 CMS RBRVS Carrier Locality (0000000)	135.203%
SURGERY - MEDIASTINUM & DIAPHRAGM	2013 CMS RBRVS Carrier Locality (0000000)	135.203%
SURGERY - DIGESTIVE	2013 CMS RBRVS Carrier Locality (0000000)	135.203%
SURGERY - URINARY	2013 CMS RBRVS Carrier Locality (0000000)	135.203%
SURGERY - MALE GENITAL	2013 CMS RBRVS Carrier Locality (0000000)	135.203%
SURGERY - FEMALE GENITAL	2013 CMS RBRVS Carrier Locality (0000000)	135.203%
SURGERY - MATERNITY & DELIVERY	2013 CMS RBRVS Carrier Locality (0000000)	135.203%
SURGERY - ENDOCRINE	2013 CMS RBRVS Carrier Locality (0000000)	135.203%
SURGERY - NERVOUS	2013 CMS RBRVS Carrier Locality (0000000)	135.203%
SURGERY - EYE & OCULAR ADNEXA	2013 CMS RBRVS Carrier Locality (0000000)	135.203%
SURGERY - AUDITORY	2013 CMS RBRVS Carrier Locality (0000000)	135.203%
RADIOLOGY	2013 CMS RBRVS Carrier Locality (0000000)	100.000%
RADIOLOGY - BONE DENSITY	2013 CMS RBRVS Carrier Locality (0000000)	73.000%
RADIOLOGY - CT	2013 CMS RBRVS Carrier Locality (0000000)	85.000%
RADIOLOGY - MAMMOGRAPHY	2013 CMS RBRVS Carrier Locality (0000000)	110.000%
RADIOLOGY - MRI	2013 CMS RBRVS Carrier Locality (0000000)	85.000%
RADIOLOGY - MRA	2013 CMS RBRVS Carrier Locality (0000000)	85.000%
RADIOLOGY - NUCLEAR MEDICINE	2013 CMS RBRVS Carrier Locality (0000000)	85.000%
RADIOLOGY - PET SCANS	2013 CMS RBRVS Carrier Locality (0000000)	85.000%
RADIOLOGY - RADIATION THERAPY	2013 CMS RBRVS Carrier Locality (0000000)	125.000%
RADIOLOGY - ULTRASOUND	2013 CMS RBRVS Carrier Locality (0000000)	100.000%
LAB - PATHOLOGY	2013 CMS RBRVS Carrier Locality (0000000)	60.000%
OFFICE LAB	2013 CMS Clinical Lab Schedule National Limit	60.000%
CLINICAL LABORATORY	2013 CMS Clinical Lab Schedule National Limit	42.000%
MEDICINE - OPHTHALMOLOGY	2013 CMS RBRVS Carrier Locality (0000000)	135.203%
MEDICINE - CARDIOVASCULAR	2013 CMS RBRVS Carrier Locality (0000000)	135.203%
MEDICINE - ALLERGY & CLINICAL IMMUNOLOGY	2013 CMS RBRVS Carrier Locality (0000000)	135.203%
MEDICINE - CHIROPRACTIC MANIPULATIVE TREATMENT	2013 CMS RBRVS Carrier Locality (0000000)	135.203%
MEDICINE - PHYSICAL MED AND REHAB - MODALITIES	2013 CMS RBRVS Carrier Locality (0000000)	100.000%
MEDICINE - PHYSICAL MED AND REHAB -THERAPIES&OTHER	2013 CMS RBRVS Carrier Locality (0000000)	100.000%
MEDICINE - ENTERAL FORMULA	2013 CMS RBRVS Carrier Locality (0000000)	135.203%
MEDICINE - OTHER	2013 CMS RBRVS Carrier Locality (0000000)	135.203%
MEDICINE - IMMUNIZATION ADMINISTRATION	2013 CMS RBRVS Carrier Locality (0000000)	135.203%
MEDICINE - CHEMO ADMIN	2013 CMS RBRVS Carrier Locality (0000000)	135.203%
OBSTETRICS - GLOBAL	2013 CMS RBRVS Carrier Locality (0000000)	135.203%
IMMUNIZATIONS	UHC Immunization Fee Schedule	120.000%
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	2013 CMS DME Floor	60.000%
DME & SUPPLIES - RESPIRATORY	2013 CMS DME Floor	60.000%
DME & SUPPLIES - ORTHOTICS	2013 CMS DME Floor	60.000%
DME & SUPPLIES - PROSTHETICS	2013 CMS DME Floor	60.000%
DME & SUPPLIES - OSTOMY	2013 CMS DME Floor	60.000%
AMBULANCE	2013 CMS Ambulance Schedule - Urban (0000000)	135.203%

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): $ 46.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 07-01-2014

Fixed Fees: 36415 - $3.00 36416 - $3.00 87804 - $14.00 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 egreement.

UnitedHealthcare

Payment Appendix
Options PPO Fee Information Document

Representative Fee Schedule Sample: as of 07/01/2014
Report Date: 08/08/2014

Fee Schedule ID: REGN 99242 - NonFacility

Linked Fee Schedule ID: REGN 99243 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
59400	00	OB CARE ANTEPART	OBSTETRICS - GLOBAL	NonFacility	$ 2907.66
59510	00	OB ANTEPARTUM CA	OBSTETRICS - GLOBAL	NonFacility	$ 3214.03
66984	00	CATARACT REMOVAL	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 902.98
77418	00	INTENS MOD TX DE	RADIOLOGY - RADIATION THERAPY	NonFacility	$ 506.94
88305	00	LEVEL IV SURG PA	LAB - PATHOLOGY	NonFacility	$ 42.05
88305	26	LEVEL IV SURG PA	LAB - PATHOLOGY	NonFacility	$ 22.04
88305	TC	LEVEL IV SURG PA	LAB - PATHOLOGY	NonFacility	$ 20.01
90460	00	IM ADM THRU 18YR	MEDICINE - IMMUNIZATION ADMINISTRATION	NonFacility	$ 34.96
90649	00	HUMAN PAPILLOMA	IMMUNIZATIONS	NonFacility	$ 169.66
90670	00	PNEUMOCOCCAL CON	IMMUNIZATIONS	NonFacility	$ 162.96
92014	00	OPHTH MEDICAL XM	MEDICINE - OPHTHALMOLOGY	NonFacility	$ 170.67
93306	00	ECHO TTHRC R-T 2	MEDICINE - CARDIOVASCULAR	NonFacility	$ 256.22
93306	26	ECHO TTHRC R-T 2	MEDICINE - CARDIOVASCULAR	NonFacility	$ 83.72
93306	TC	ECHO TTHRC R-T 2	MEDICINE - CARDIOVASCULAR	NonFacility	$ 172.50
99203	00	OFFICE OUTPATIEN	EVALUATION & MANAGEMENT	NonFacility	$ 146.28
99204	00	OFFICE OUTPATIEN	EVALUATION & MANAGEMENT	NonFacility	$ 222.64
99205	00	OFFICE OUTPATIEN	EVALUATION & MANAGEMENT	NonFacility	$ 275.54
99212	00	OFFICE OUTPATIEN	EVALUATION & MANAGEMENT	NonFacility	$ 59.34
99213	00	OFFICE OUTPATIEN	EVALUATION & MANAGEMENT	NonFacility	$ 98.44
99214	00	OFFICE OUTPATIEN	EVALUATION & MANAGEMENT	NonFacility	$ 144.44
99215	00	OFFICE OUTPATIEN	EVALUATION & MANAGEMENT	NonFacility	$ 193.21
99222	00	INITIAL HOSPITAL	EVALUATION & MANAGEMENT	NonFacility	$ 182.16
99223	00	INITIAL HOSPITAL	EVALUATION & MANAGEMENT	NonFacility	$ 267.72
99232	00	SBSQ HOSPITAL CA	EVALUATION & MANAGEMENT	NonFacility	$ 94.76
99233	00	SBSQ HOSPITAL CA	EVALUATION & MANAGEMENT	NonFacility	$ 136.62
99244	00	OFFICE CONSULTAT	EVALUATION & MANAGEMENT	NonFacility	$ 239.20
99283	00	EMERGENCY DEPART	EVALUATION & MANAGEMENT	NonFacility	$ 80.96
99284	00	EMERGENCY DEPART	EVALUATION & MANAGEMENT	NonFacility	$ 155.02
99285	00	EMERGENCY DEPT V	EVALUATION & MANAGEMENT	NonFacility	$ 226.78
99291	00	CRITICAL CARE IL	EVALUATION & MANAGEMENT	NonFacility	$ 368.00
99308	00	SBSQ NURSING FAC	EVALUATION & MANAGEMENT - NURSING FACILITY SVCS	NonFacility	$ 91.55
99309	00	SBSQ NURSING FAC	EVALUATION & MANAGEMENT - NURSING FACILITY SVCS	NonFacility	$ 120.06
99391	00	PERIODIC PREVENT	EVALUATION & MANAGEMENT - PREVENTIVE	NonFacility	$ 133.40
99392	00	PERIODIC PREVENT	EVALUATION & MANAGEMENT - PREVENTIVE	NonFacility	$ 142.60
99395	00	PERIODIC PREVENT	EVALUATION & MANAGEMENT - PREVENTIVE	NonFacility	$ 158.24
99396	00	PERIODIC PREVENT	EVALUATION & MANAGEMENT - PREVENTIVE	NonFacility	$ 168.81
99397	00	PERIODIC PREVENT	EVALUATION & MANAGEMENT - PREVENTIVE	NonFacility	$ 182.16
G0202	00	SCR MAMMO PRODUC	RADIOLOGY - MAMMOGRAPHY	NonFacility	$ 152.69
G0202	26	SCR MAMMO PRODUC	RADIOLOGY - MAMMOGRAPHY	NonFacility	$ 38.17
G0202	TC	SCR MAMMO PRODUC	RADIOLOGY - MAMMOGRAPHY	NonFacility	$ 114.52
J0178	00	INJECTION AFLIBE	INJECTABLES/OTHER DRUGS	NonFacility	$ 980.50
J1745	00	INJECTION INFLIX	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	NonFacility	$ 71.35
J2323	00	INJECTION NATAL	INJECTABLES/OTHER DRUGS	NonFacility	$ 13.97
J2505	00	INJECTION PEGFIL	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	NonFacility	$ 3307.54
J2778	00	INJECTION RANIBI	INJECTABLES/OTHER DRUGS	NonFacility	$ 397.01
J9035	00	INJECTION BEVACI	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	NonFacility	$ 65.58
J9263	00	INJECTION OXALIP	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	NonFacility	$ 0.56
J9305	00	INJECTION PEMETR	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	NonFacility	$ 59.96
J9310	00	INJECTION, RITUX	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	NonFacility	$ 693.90
J9355	00	INJECTION, TRAST	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	NonFacility	$ 80.64

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): $ 46.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS
Last Routine Maintenance Update: 07-01-2014

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 paymonts 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.

UnitedHealthcare

Payment Appendix
Options PPO Fee Information Document

Representative Fee Schedule Sample: as of 07/01/2014
Report Date: 08/08/2014

Fee Schedule ID: REGN 99242 - NonFacility

Linked Fee Schedule ID: REGN 99243 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
59400	00	OB CARE ANTEPART	OBSTETRICS - GLOBAL	Facility	$ 2907.66
59510	00	OB ANTEPARTUM CA	OBSTETRICS - GLOBAL	Facility	$ 3214.03
66984	00	CATARACT REMOVAL	SURGERY - EYE & OCULAR ADNEXA	Facility	$ 902.98
77418	00	INTENS MOD TX DE	RADIOLOGY - RADIATION THERAPY	Facility	$ 506.94
88305	00	LEVEL IV SURG PA	LAB - PATHOLOGY	Facility	$ 42.05
88305	26	LEVEL IV SURG PA	LAB - PATHOLOGY	Facility	$ 22.04
88305	TC	LEVEL IV SURG PA	LAB - PATHOLOGY	Facility	$ 20.01
90460	00	IM ADM THRU 18YR	MEDICINE - IMMUNIZATION ADMINISTRATION	Facility	$ 34.96
90649	00	HUMAN PAPILLOMA	IMMUNIZATIONS	Facility	$ 169.66
90670	00	PNEUMOCOCCAL CON	IMMUNIZATIONS	Facility	$ 162.96
92014	00	OPHTH MEDICAL XM	MEDICINE - OPHTHALMOLOGY	Facility	$ 108.55
93306	00	ECHO TTHRC R-T 2	MEDICINE - CARDIOVASCULAR	Facility	$ 256.22
93306	26	ECHO TTHRC R-T 2	MEDICINE - CARDIOVASCULAR	Facility	$ 83.72
93306	TC	ECHO TTHRC R-T 2	MEDICINE - CARDIOVASCULAR	Facility	$ 172.50
99203	00	OFFICE OUTPATIEN	EVALUATION & MANAGEMENT	Facility	$ 101.66
99204	00	OFFICE OUTPATIEN	EVALUATION & MANAGEMENT	Facility	$ 173.42
99205	00	OFFICE OUTPATIEN	EVALUATION & MANAGEMENT	Facility	$ 222.64
99212	00	OFFICE OUTPATIEN	EVALUATION & MANAGEMENT	Facility	$ 33.12
99213	00	OFFICE OUTPATIEN	EVALUATION & MANAGEMENT	Facility	$ 67.16
99214	00	OFFICE OUTPATIEN	EVALUATION & MANAGEMENT	Facility	$ 103.50
99215	00	OFFICE OUTPATIEN	EVALUATION & MANAGEMENT	Facility	$ 145.82
99222	00	INITIAL HOSPITAL	EVALUATION & MANAGEMENT	Facility	$ 182.16
99223	00	INITIAL HOSPITAL	EVALUATION & MANAGEMENT	Facility	$ 267.72
99232	00	SBSQ HOSPITAL CA	EVALUATION & MANAGEMENT	Facility	$ 94.76
99233	00	SBSQ HOSPITAL CA	EVALUATION & MANAGEMENT	Facility	$ 136.62
99244	00	OFFICE CONSULTAT	EVALUATION & MANAGEMENT	Facility	$ 201.48
99283	00	EMERGENCY DEPART	EVALUATION & MANAGEMENT	Facility	$ 80.96
99284	00	EMERGENCY DEPART	EVALUATION & MANAGEMENT	Facility	$ 155.02
99285	00	EMERGENCY DEPT V	EVALUATION & MANAGEMENT	Facility	$ 226.78
99291	00	CRITICAL CARE IL	EVALUATION & MANAGEMENT	Facility	$ 294.40
99308	00	SBSQ NURSING FAC	EVALUATION & MANAGEMENT - NURSING FACILITY SVCS	Facility	$ 91.55
99309	00	SBSQ NURSING FAC	EVALUATION & MANAGEMENT - NURSING FACILITY SVCS	Facility	$ 120.06
99391	00	PERIODIC PREVENT	EVALUATION & MANAGEMENT - PREVENTIVE	Facility	$ 92.47
99392	00	PERIODIC PREVENT	EVALUATION & MANAGEMENT - PREVENTIVE	Facility	$ 101.66
99395	00	PERIODIC PREVENT	EVALUATION & MANAGEMENT - PREVENTIVE	Facility	$ 117.76
99396	00	PERIODIC PREVENT	EVALUATION & MANAGEMENT - PREVENTIVE	Facility	$ 128.33
99397	00	PERIODIC PREVENT	EVALUATION & MANAGEMENT - PREVENTIVE	Facility	$ 135.24
G0202	00	SCR MAMMO PRODUC	RADIOLOGY - MAMMOGRAPHY	Facility	$ 152.69
G0202	26	SCR MAMMO PRODUC	RADIOLOGY - MAMMOGRAPHY	Facility	$ 38.17
G0202	TC	SCR MAMMO PRODUC	RADIOLOGY - MAMMOGRAPHY	Facility	$ 114.52
J0178	00	INJECTION AFLIBE	INJECTABLES/OTHER DRUGS	Facility	$ 980.50
J1745	00	INJECTION INFLIX	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	Facility	$ 71.35
J2323	00	INJECTION NATAL	INJECTABLES/OTHER DRUGS	Facility	$ 13.97
J2505	00	INJECTION PEGFIL	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	Facility	$ 3307.54
J2778	00	INJECTION RANIBI	INJECTABLES/OTHER DRUGS	Facility	$ 397.01
J9035	00	INJECTION BEVACI	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	Facility	$ 65.58
J9263	00	INJECTION OXALIP	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	Facility	$ 0.56
J9305	00	INJECTION PEMETR	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	Facility	$ 59.96
J9310	00	INJECTION, RITUX	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	Facility	$ 693.90
J9355	00	INJECTION, TRAST	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	Facility	$ 80.64

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): $ 46.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS
Last Routine Maintenance Update: 07-01-2014

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.

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:

[(Value of 15 minute Anesthesia Conversion Factor / 15) * 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).

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:
Proration: Partial time units will be prorated and calculated to one decimal place rounded to the nearest tenth. 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 to the nearest tenth and the total time units for the claim will be 1.1 time units.

In the event that any of United's claims systems cannot administer the calculation of partial units 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 Proration method described above.

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 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.

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 2013 RVU, the 2013 Conversion Factor, and the 2013 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 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.

For Immunizations, United applies the UHC Immunization Fee Schedule. The Centers for Disease Control and Prevention Private Sector Selling Price (CDC PSSP) is the Primary Fee Source used to obtain the Fee Basis amounts. In the event that more than one Fee Basis amount is published by the CDC PSSP for a specific CPT/HCPCS code, an average of the published amounts will be used.

More information about the UHC Immunization Fee Schedule can be located at: www.unitedhealthcareonline.com >> Claims & Payments > Fee Schedule Lookup > Related Links "UHC Immunization Fee Schedule"

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.

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Fee Schedule Specifications: as of 07/01/2014
Report Date: 08/08/2014

Fee Schedule ID: REGN 99242 - NonFacility

Linked Fee Schedule ID: REGN 99243 - Facility

Type Of Service	Primary Fee Source	Pricing Level
EVALUATION & MANAGEMENT	2013 CMS RBRVS Carrier Locality (0000000)	135.203%
EVALUATION & MANAGEMENT - NEONATAL	2013 CMS RBRVS Carrier Locality (0000000)	135.203%
EVALUATION & MANAGEMENT - PREVENTIVE	2013 CMS RBRVS Carrier Locality (0000000)	135.203%
EVALUATION & MANAGEMENT - NURSING FACILITY SVCS	2013 CMS RBRVS Carrier Locality (0000000)	135.203%
SURGERY - INTEGUMENTARY	2013 CMS RBRVS Carrier Locality (0000000)	135.203%
SURGERY - MUSCULOSKELETAL	2013 CMS RBRVS Carrier Locality (0000000)	135.203%
SURGERY - RESPIRATORY	2013 CMS RBRVS Carrier Locality (0000000)	135.203%
SURGERY - CARDIOVASCULAR	2013 CMS RBRVS Carrier Locality (0000000)	135.203%
SURGERY - HEMIC & LYMPHATIC	2013 CMS RBRVS Carrier Locality (0000000)	135.203%
SURGERY - MEDIASTINUM & DIAPHRAGM	2013 CMS RBRVS Carrier Locality (0000000)	135.203%
SURGERY - DIGESTIVE	2013 CMS RBRVS Carrier Locality (0000000)	135.203%
SURGERY - URINARY	2013 CMS RBRVS Carrier Locality (0000000)	135.203%
SURGERY - MALE GENITAL	2013 CMS RBRVS Carrier Locality (0000000)	135.203%
SURGERY - FEMALE GENITAL	2013 CMS RBRVS Carrier Locality (0000000)	135.203%
SURGERY - MATERNITY & DELIVERY	2013 CMS RBRVS Carrier Locality (0000000)	135.203%
SURGERY - ENDOCRINE	2013 CMS RBRVS Carrier Locality (0000000)	135.203%
SURGERY - NERVOUS	2013 CMS RBRVS Carrier Locality (0000000)	135.203%
SURGERY - EYE & OCULAR ADNEXA	2013 CMS RBRVS Carrier Locality (0000000)	135.203%
SURGERY - AUDITORY	2013 CMS RBRVS Carrier Locality (0000000)	135.203%
RADIOLOGY	2013 CMS RBRVS Carrier Locality (0000000)	100.000%
RADIOLOGY - BONE DENSITY	2013 CMS RBRVS Carrier Locality (0000000)	73.000%
RADIOLOGY - CT	2013 CMS RBRVS Carrier Locality (0000000)	85.000%
RADIOLOGY - MAMMOGRAPHY	2013 CMS RBRVS Carrier Locality (0000000)	110.000%
RADIOLOGY - MRI	2013 CMS RBRVS Carrier Locality (0000000)	85.000%
RADIOLOGY - MRA	2013 CMS RBRVS Carrier Locality (0000000)	85.000%
RADIOLOGY - NUCLEAR MEDICINE	2013 CMS RBRVS Carrier Locality (0000000)	85.000%
RADIOLOGY - PET SCANS	2013 CMS RBRVS Carrier Locality (0000000)	85.000%
RADIOLOGY - RADIATION THERAPY	2013 CMS RBRVS Carrier Locality (0000000)	125.000%
RADIOLOGY - ULTRASOUND	2013 CMS RBRVS Carrier Locality (0000000)	100.000%
LAB - PATHOLOGY	2013 CMS RBRVS Carrier Locality (0000000)	60.000%
OFFICE LAB	2013 CMS Clinical Lab Schedule National Limit	60.000%
CLINICAL LABORATORY	2013 CMS Clinical Lab Schedule National Limit	42.000%
MEDICINE - OPHTHALMOLOGY	2013 CMS RBRVS Carrier Locality (0000000)	135.203%
MEDICINE - CARDIOVASCULAR	2013 CMS RBRVS Carrier Locality (0000000)	135.203%
MEDICINE - ALLERGY & CLINICAL IMMUNOLOGY	2013 CMS RBRVS Carrier Locality (0000000)	135.203%
MEDICINE - CHIROPRACTIC MANIPULATIVE TREATMENT	2013 CMS RBRVS Carrier Locality (0000000)	135.203%
MEDICINE - PHYSICAL MED AND REHAB - MODALITIES	2013 CMS RBRVS Carrier Locality (0000000)	100.000%
MEDICINE - PHYSICAL MED AND REHAB -THERAPIES&OTHER	2013 CMS RBRVS Carrier Locality (0000000)	100.000%
MEDICINE - ENTERAL FORMULA	2013 CMS RBRVS Carrier Locality (0000000)	135.203%
MEDICINE - OTHER	2013 CMS RBRVS Carrier Locality (0000000)	135.203%
MEDICINE - IMMUNIZATION ADMINISTRATION	2013 CMS RBRVS Carrier Locality (0000000)	135.203%
MEDICINE - CHEMO ADMIN	2013 CMS RBRVS Carrier Locality (0000000)	135.203%
OBSTETRICS - GLOBAL	2013 CMS RBRVS Carrier Locality (0000000)	135.203%
IMMUNIZATIONS	UHC Immunization Fee Schedule	120.000%
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	2013 CMS DME Floor	60.000%
DME & SUPPLIES - RESPIRATORY	2013 CMS DME Floor	60.000%
DME & SUPPLIES - ORTHOTICS	2013 CMS DME Floor	60.000%
DME & SUPPLIES - PROSTHETICS	2013 CMS DME Floor	60.000%
DME & SUPPLIES - OSTOMY	2013 CMS DME Floor	60.000%
AMBULANCE	2013 CMS Ambulance Schedule - Urban (0000000)	135.203%

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): $ 46.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 07-01-2014

Fixed Fees: 36415 - $3.00 36416 - $3.00 87804 - $14.00 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.

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Representative Fee Schedule Sample: as of 07/01/2014
Report Date: 08/08/2014

Fee Schedule ID: REGN 99242 - NonFacility

Linked Fee Schedule ID: REGN 99243 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
59400	00	OB CARE ANTEPART	OBSTETRICS - GLOBAL	NonFacility	$ 2907.66
59510	00	OB ANTEPARTUM CA	OBSTETRICS - GLOBAL	NonFacility	$ 3214.03
66984	00	CATARACT REMOVAL	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 902.98
77418	00	INTENS MOD TX DE	RADIOLOGY - RADIATION THERAPY	NonFacility	$ 506.94
86305	00	LEVEL IV SURG PA	LAB - PATHOLOGY	NonFacility	$ 42.05
86305	26	LEVEL IV SURG PA	LAB - PATHOLOGY	NonFacility	$ 22.04
86305	TC	LEVEL IV SURG PA	LAB - PATHOLOGY	NonFacility	$ 20.01
90460	00	IM ADM THRU 18YR	MEDICINE - IMMUNIZATION ADMINISTRATION	NonFacility	$ 34.96
90649	00	HUMAN PAPILLOMA	IMMUNIZATIONS	NonFacility	$ 169.66
90670	00	PNEUMOCOCCAL CON	IMMUNIZATIONS	NonFacility	$ 162.96
92014	00	OPHTH MEDICAL XM	MEDICINE - OPHTHALMOLOGY	NonFacility	$ 170.67
93306	00	ECHO TTHRC R-T 2	MEDICINE - CARDIOVASCULAR	NonFacility	$ 256.22
93306	26	ECHO TTHRC R-T 2	MEDICINE - CARDIOVASCULAR	NonFacility	$ 83.72
93306	TC	ECHO TTHRC R-T 2	MEDICINE - CARDIOVASCULAR	NonFacility	$ 172.50
99203	00	OFFICE OUTPATIEN	EVALUATION & MANAGEMENT	NonFacility	$ 146.28
99204	00	OFFICE OUTPATIEN	EVALUATION & MANAGEMENT	NonFacility	$ 222.64
99205	00	OFFICE OUTPATIEN	EVALUATION & MANAGEMENT	NonFacility	$ 275.54
99212	00	OFFICE OUTPATIEN	EVALUATION & MANAGEMENT	NonFacility	$ 59.34
99213	00	OFFICE OUTPATIEN	EVALUATION & MANAGEMENT	NonFacility	$ 98.44
99214	00	OFFICE OUTPATIEN	EVALUATION & MANAGEMENT	NonFacility	$ 144.44
99215	00	OFFICE OUTPATIEN	EVALUATION & MANAGEMENT	NonFacility	$ 193.21
99222	00	INITIAL HOSPITAL	EVALUATION & MANAGEMENT	NonFacility	$ 182.16
99223	00	INITIAL HOSPITAL	EVALUATION & MANAGEMENT	NonFacility	$ 267.72
99232	00	SBSQ HOSPITAL CA	EVALUATION & MANAGEMENT	NonFacility	$ 94.76
99233	00	SBSQ HOSPITAL CA	EVALUATION & MANAGEMENT	NonFacility	$ 136.62
99244	00	OFFICE CONSULTAT	EVALUATION & MANAGEMENT	NonFacility	$ 239.20
99283	00	EMERGENCY DEPART	EVALUATION & MANAGEMENT	NonFacility	$ 80.96
99284	00	EMERGENCY DEPART	EVALUATION & MANAGEMENT	NonFacility	$ 155.02
99285	00	EMERGENCY DEPT V	EVALUATION & MANAGEMENT	NonFacility	$ 226.78
99291	00	CRITICAL CARE IL	EVALUATION & MANAGEMENT	NonFacility	$ 368.00
99308	00	SBSQ NURSING FAC	EVALUATION & MANAGEMENT - NURSING FACILITY SVCS	NonFacility	$ 91.55
99309	00	SBSQ NURSING FAC	EVALUATION & MANAGEMENT - NURSING FACILITY SVCS	NonFacility	$ 120.06
99391	00	PERIODIC PREVENT	EVALUATION & MANAGEMENT - PREVENTIVE	NonFacility	$ 133.40
99392	00	PERIODIC PREVENT	EVALUATION & MANAGEMENT - PREVENTIVE	NonFacility	$ 142.60
99395	00	PERIODIC PREVENT	EVALUATION & MANAGEMENT - PREVENTIVE	NonFacility	$ 158.24
99396	00	PERIODIC PREVENT	EVALUATION & MANAGEMENT - PREVENTIVE	NonFacility	$ 168.81
99397	00	PERIODIC PREVENT	EVALUATION & MANAGEMENT - PREVENTIVE	NonFacility	$ 182.16
G0202	00	SCR MAMMO PRODUC	RADIOLOGY - MAMMOGRAPHY	NonFacility	$ 152.69
G0202	26	SCR MAMMO PRODUC	RADIOLOGY - MAMMOGRAPHY	NonFacility	$ 38.17
G0202	TC	SCR MAMMO PRODUC	RADIOLOGY - MAMMOGRAPHY	NonFacility	$ 114.52
J0178	00	INJECTION AFLIBE	INJECTABLES/OTHER DRUGS	NonFacility	$ 980.50
J1745	00	INJECTION INFLIX	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	NonFacility	$ 71.35
J2323	00	INJECTION NATAL	INJECTABLES/OTHER DRUGS	NonFacility	$ 13.97
J2505	00	INJECTION PEGFIL	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	NonFacility	$ 3307.54
J2778	00	INJECTION RANIBI	INJECTABLES/OTHER DRUGS	NonFacility	$ 397.01
J9035	00	INJECTION BEVACI	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	NonFacility	$ 65.58
J9263	00	INJECTION OXALIP	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	NonFacility	$ 0.56
J9305	00	INJECTION PEMETR	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	NonFacility	$ 59.96
J9310	00	INJECTION, RITUX	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	NonFacility	$ 693.90
J9355	00	INJECTION, TRAST	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	NonFacility	$ 80.64

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): $ 46.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS
Last Routine Maintenance Update: 07-01-2014

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.

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Representative Fee Schedule Sample: as of 07/01/2014
Report Date: 08/08/2014

Fee Schedule ID: REGN 99242 - NonFacility

Linked Fee Schedule ID: REGN 99243 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
59400	00	OB CARE ANTEPART	OBSTETRICS - GLOBAL	Facility	$ 2907.66
59510	00	OB ANTEPARTUM CA	OBSTETRICS - GLOBAL	Facility	$ 3214.03
66984	00	CATARACT REMOVAL	SURGERY - EYE & OCULAR ADNEXA	Facility	$ 902.98
77418	00	INTENS MOD TX DE	RADIOLOGY - RADIATION THERAPY	Facility	$ 506.94
88305	00	LEVEL IV SURG PA	LAB - PATHOLOGY	Facility	$ 42.05
88305	26	LEVEL IV SURG PA	LAB - PATHOLOGY	Facility	$ 22.04
88305	TC	LEVEL IV SURG PA	LAB - PATHOLOGY	Facility	$ 20.01
90460	00	IM ADM THRU 18YR	MEDICINE - IMMUNIZATION ADMINISTRATION	Facility	$ 34.96
90649	00	HUMAN PAPILLOMA	IMMUNIZATIONS	Facility	$ 169.66
90670	00	PNEUMOCOCCAL CON	IMMUNIZATIONS	Facility	$ 162.96
92014	00	OPHTH MEDICAL XM	MEDICINE - OPHTHALMOLOGY	Facility	$ 108.55
93306	00	ECHO TTHRC R-T 2	MEDICINE - CARDIOVASCULAR	Facility	$ 256.22
93306	26	ECHO TTHRC R-T 2	MEDICINE - CARDIOVASCULAR	Facility	$ 83.72
93306	TC	ECHO TTHRC R-T 2	MEDICINE - CARDIOVASCULAR	Facility	$ 172.50
99203	00	OFFICE OUTPATIEN	EVALUATION & MANAGEMENT	Facility	$ 101.66
99204	00	OFFICE OUTPATIEN	EVALUATION & MANAGEMENT	Facility	$ 173.42
99205	00	OFFICE OUTPATIEN	EVALUATION & MANAGEMENT	Facility	$ 222.64
99212	00	OFFICE OUTPATIEN	EVALUATION & MANAGEMENT	Facility	$ 33.12
99213	00	OFFICE OUTPATIEN	EVALUATION & MANAGEMENT	Facility	$ 67.16
99214	00	OFFICE OUTPATIEN	EVALUATION & MANAGEMENT	Facility	$ 103.50
99215	00	OFFICE OUTPATIEN	EVALUATION & MANAGEMENT	Facility	$ 145.82
99222	00	INITIAL HOSPITAL	EVALUATION & MANAGEMENT	Facility	$ 182.16
99223	00	INITIAL HOSPITAL	EVALUATION & MANAGEMENT	Facility	$ 267.72
99232	00	SBSQ HOSPITAL CA	EVALUATION & MANAGEMENT	Facility	$ 94.76
99233	00	SBSQ HOSPITAL CA	EVALUATION & MANAGEMENT	Facility	$ 136.62
99244	00	OFFICE CONSULTAT	EVALUATION & MANAGEMENT	Facility	$ 201.48
99283	00	EMERGENCY DEPART	EVALUATION & MANAGEMENT	Facility	$ 80.96
99284	00	EMERGENCY DEPART	EVALUATION & MANAGEMENT	Facility	$ 155.02
99285	00	EMERGENCY DEPT V	EVALUATION & MANAGEMENT	Facility	$ 226.78
99291	00	CRITICAL CARE IL	EVALUATION & MANAGEMENT	Facility	$ 294.40
99308	00	SBSQ NURSING FAC	EVALUATION & MANAGEMENT - NURSING FACILITY SVCS	Facility	$ 91.55
99309	00	SBSQ NURSING FAC	EVALUATION & MANAGEMENT - NURSING FACILITY SVCS	Facility	$ 120.06
99391	00	PERIODIC PREVENT	EVALUATION & MANAGEMENT - PREVENTIVE	Facility	$ 92.47
99392	00	PERIODIC PREVENT	EVALUATION & MANAGEMENT - PREVENTIVE	Facility	$ 101.66
99395	00	PERIODIC PREVENT	EVALUATION & MANAGEMENT - PREVENTIVE	Facility	$ 117.76
99396	00	PERIODIC PREVENT	EVALUATION & MANAGEMENT - PREVENTIVE	Facility	$ 128.33
99397	00	PERIODIC PREVENT	EVALUATION & MANAGEMENT - PREVENTIVE	Facility	$ 135.24
G0202	00	SCR MAMMO PRODUC	RADIOLOGY - MAMMOGRAPHY	Facility	$ 152.69
G0202	26	SCR MAMMO PRODUC	RADIOLOGY - MAMMOGRAPHY	Facility	$ 38.17
G0202	TC	SCR MAMMO PRODUC	RADIOLOGY - MAMMOGRAPHY	Facility	$ 114.52
J0178	00	INJECTION AFLIBE	INJECTABLES/OTHER DRUGS	Facility	$ 980.50
J1745	00	INJECTION INFLIX	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	Facility	$ 71.35
J2323	00	INJECTION NATAL	INJECTABLES/OTHER DRUGS	Facility	$ 13.97
J2505	00	INJECTION PEGFIL	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	Facility	$ 3307.54
J2778	00	INJECTION RANIBI	INJECTABLES/OTHER DRUGS	Facility	$ 397.01
J9035	00	INJECTION BEVACI	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	Facility	$ 65.58
J9263	00	INJECTION OXALIP	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	Facility	$ 0.56
J9305	00	INJECTION PEMETR	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	Facility	$ 59.96
J9310	00	INJECTION, RITUX	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	Facility	$ 693.90
J9355	00	INJECTION, TRAST	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	Facility	$ 80.64

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): $ 46.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS
Last Routine Maintenance Update: 07-01-2014

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.

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:

[(Value of 15 minute Anesthesia Conversion Factor / 15) * 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).

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:
Proration: Partial time units will be prorated and calculated to one decimal place rounded to the nearest tenth. 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 to the nearest tenth and the total time units for the claim will be 1.1 time units.

In the event that any of United's claims systems cannot administer the calculation of partial units 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 Proration method described above.

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 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.

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 2013 RVU, the 2013 Conversion Factor, and the 2013 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 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.

For Immunizations, United applies the UHC Immunization Fee Schedule. The Centers for Disease Control and Prevention Private Sector Selling Price (CDC PSSP) is the Primary Fee Source used to obtain the Fee Basis amounts. In the event that more than one Fee Basis amount is published by the CDC PSSP for a specific CPT/HCPCS code, an average of the published amounts will be used.

More information about the UHC Immunization Fee Schedule can be located at: www.unitedhealthcareonline.com >> Claims & Payments > Fee Schedule Lookup > Related Links "UHC Immunization Fee Schedule"

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.

UnitedHealthcare

Payment Appendix
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Fee Schedule Specifications: as of 07/01/2014
Report Date: 08/08/2014

Fee Schedule ID: REGN 99242 - NonFacility

Linked Fee Schedule ID: REGN 99243 - Facility

Type Of Service	Primary Fee Source	Pricing Level
EVALUATION & MANAGEMENT	2013 CMS RBRVS Carrier Locality (0000000)	135.203%
EVALUATION & MANAGEMENT - NEONATAL	2013 CMS RBRVS Carrier Locality (0000000)	135.203%
EVALUATION & MANAGEMENT - PREVENTIVE	2013 CMS RBRVS Carrier Locality (0000000)	135.203%
EVALUATION & MANAGEMENT - NURSING FACILITY SVCS	2013 CMS RBRVS Carrier Locality (0000000)	135.203%
SURGERY - INTEGUMENTARY	2013 CMS RBRVS Carrier Locality (0000000)	135.203%
SURGERY - MUSCULOSKELETAL	2013 CMS RBRVS Carrier Locality (0000000)	135.203%
SURGERY - RESPIRATORY	2013 CMS RBRVS Carrier Locality (0000000)	135.203%
SURGERY - CARDIOVASCULAR	2013 CMS RBRVS Carrier Locality (0000000)	135.203%
SURGERY - HEMIC & LYMPHATIC	2013 CMS RBRVS Carrier Locality (0000000)	135.203%
SURGERY - MEDIASTINUM & DIAPHRAGM	2013 CMS RBRVS Carrier Locality (0000000)	135.203%
SURGERY - DIGESTIVE	2013 CMS RBRVS Carrier Locality (0000000)	135.203%
SURGERY - URINARY	2013 CMS RBRVS Carrier Locality (0000000)	135.203%
SURGERY - MALE GENITAL	2013 CMS RBRVS Carrier Locality (0000000)	135.203%
SURGERY - FEMALE GENITAL	2013 CMS RBRVS Carrier Locality (0000000)	135.203%
SURGERY - MATERNITY & DELIVERY	2013 CMS RBRVS Carrier Locality (0000000)	135.203%
SURGERY - ENDOCRINE	2013 CMS RBRVS Carrier Locality (0000000)	135.203%
SURGERY - NERVOUS	2013 CMS RBRVS Carrier Locality (0000000)	135.203%
SURGERY - EYE & OCULAR ADNEXA	2013 CMS RBRVS Carrier Locality (0000000)	135.203%
SURGERY - AUDITORY	2013 CMS RBRVS Carrier Locality (0000000)	135.203%
RADIOLOGY	2013 CMS RBRVS Carrier Locality (0000000)	100.000%
RADIOLOGY - BONE DENSITY	2013 CMS RBRVS Carrier Locality (0000000)	73.000%
RADIOLOGY - CT	2013 CMS RBRVS Carrier Locality (0000000)	85.000%
RADIOLOGY - MAMMOGRAPHY	2013 CMS RBRVS Carrier Locality (0000000)	110.000%
RADIOLOGY - MRI	2013 CMS RBRVS Carrier Locality (0000000)	85.000%
RADIOLOGY - MRA	2013 CMS RBRVS Carrier Locality (0000000)	85.000%
RADIOLOGY - NUCLEAR MEDICINE	2013 CMS RBRVS Carrier Locality (0000000)	85.000%
RADIOLOGY - PET SCANS	2013 CMS RBRVS Carrier Locality (0000000)	85.000%
RADIOLOGY - RADIATION THERAPY	2013 CMS RBRVS Carrier Locality (0000000)	125.000%
RADIOLOGY - ULTRASOUND	2013 CMS RBRVS Carrier Locality (0000000)	100.000%
LAB - PATHOLOGY	2013 CMS RBRVS Carrier Locality (0000000)	60.000%
OFFICE LAB	2013 CMS Clinical Lab Schedule National Limit	60.000%
CLINICAL LABORATORY	2013 CMS Clinical Lab Schedule National Limit	42.000%
MEDICINE - OPHTHALMOLOGY	2013 CMS RBRVS Carrier Locality (0000000)	135.203%
MEDICINE - CARDIOVASCULAR	2013 CMS RBRVS Carrier Locality (0000000)	135.203%
MEDICINE - ALLERGY & CLINICAL IMMUNOLOGY	2013 CMS RBRVS Carrier Locality (0000000)	135.203%
MEDICINE - CHIROPRACTIC MANIPULATIVE TREATMENT	2013 CMS RBRVS Carrier Locality (0000000)	135.203%
MEDICINE - PHYSICAL MED AND REHAB - MODALITIES	2013 CMS RBRVS Carrier Locality (0000000)	100.000%
MEDICINE - PHYSICAL MED AND REHAB -THERAPIES&OTHER	2013 CMS RBRVS Carrier Locality (0000000)	100.000%
MEDICINE - ENTERAL FORMULA	2013 CMS RBRVS Carrier Locality (0000000)	135.203%
MEDICINE - OTHER	2013 CMS RBRVS Carrier Locality (0000000)	135.203%
MEDICINE - IMMUNIZATION ADMINISTRATION	2013 CMS RBRVS Carrier Locality (0000000)	135.203%
MEDICINE - CHEMO ADMIN	2013 CMS RBRVS Carrier Locality (0000000)	135.203%
OBSTETRICS - GLOBAL	2013 CMS RBRVS Carrier Locality (0000000)	135.203%
IMMUNIZATIONS	UHC Immunization Fee Schedule	120.000%
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	2013 CMS DME Floor	60.000%
DME & SUPPLIES - RESPIRATORY	2013 CMS DME Floor	60.000%
DME & SUPPLIES - ORTHOTICS	2013 CMS DME Floor	60.000%
DME & SUPPLIES - PROSTHETICS	2013 CMS DME Floor	60.000%
DME & SUPPLIES - OSTOMY	2013 CMS DME Floor	60.000%
AMBULANCE	2013 CMS Ambulance Schedule - Urban (0000000)	135.203%

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): $ 46.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 07-01-2014

Fixed Fees: 36415 - $3.00 36416 - $3.00 87804 - $14.00 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.

UnitedHealthcare

Payment Appendix
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Representative Fee Schedule Sample: as of 07/01/2014
Report Date: 08/08/2014

Fee Schedule ID: REGN 99242 - NonFacility

Linked Fee Schedule ID: REGN 99243 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
59400	00	OB CARE ANTEPART	OBSTETRICS - GLOBAL	NonFacility	$ 2907.66
59510	00	OB ANTEPARTUM CA	OBSTETRICS - GLOBAL	NonFacility	$ 3214.03
66984	00	CATARACT REMOVAL	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 902.98
77418	00	INTENS MOD TX DE	RADIOLOGY - RADIATION THERAPY	NonFacility	$ 506.94
88305	00	LEVEL IV SURG PA	LAB - PATHOLOGY	NonFacility	$ 42.05
88305	26	LEVEL IV SURG PA	LAB - PATHOLOGY	NonFacility	$ 22.04
88305	TC	LEVEL IV SURG PA	LAB - PATHOLOGY	NonFacility	$ 20.01
90460	00	IM ADM THRU 18YR	MEDICINE - IMMUNIZATION ADMINISTRATION	NonFacility	$ 34.96
90649	00	HUMAN PAPILLOMA	IMMUNIZATIONS	NonFacility	$ 169.66
90670	00	PNEUMOCOCCAL CON	IMMUNIZATIONS	NonFacility	$ 162.96
92014	00	OPHTH MEDICAL XM	MEDICINE - OPHTHALMOLOGY	NonFacility	$ 170.67
93306	00	ECHO TTHRC R-T 2	MEDICINE - CARDIOVASCULAR	NonFacility	$ 256.22
93306	26	ECHO TTHRC R-T 2	MEDICINE - CARDIOVASCULAR	NonFacility	$ 83.72
93306	TC	ECHO TTHRC R-T 2	MEDICINE - CARDIOVASCULAR	NonFacility	$ 172.50
99203	00	OFFICE OUTPATIEN	EVALUATION & MANAGEMENT	NonFacility	$ 146.28
99204	00	OFFICE OUTPATIEN	EVALUATION & MANAGEMENT	NonFacility	$ 222.64
99205	00	OFFICE OUTPATIEN	EVALUATION & MANAGEMENT	NonFacility	$ 275.54
99212	00	OFFICE OUTPATIEN	EVALUATION & MANAGEMENT	NonFacility	$ 59.34
99213	00	OFFICE OUTPATIEN	EVALUATION & MANAGEMENT	NonFacility	$ 98.44
99214	00	OFFICE OUTPATIEN	EVALUATION & MANAGEMENT	NonFacility	$ 144.44
99215	00	OFFICE OUTPATIEN	EVALUATION & MANAGEMENT	NonFacility	$ 193.21
99222	00	INITIAL HOSPITAL	EVALUATION & MANAGEMENT	NonFacility	$ 182.16
99223	00	INITIAL HOSPITAL	EVALUATION & MANAGEMENT	NonFacility	$ 267.72
99232	00	SBSQ HOSPITAL CA	EVALUATION & MANAGEMENT	NonFacility	$ 94.76
99233	00	SBSQ HOSPITAL CA	EVALUATION & MANAGEMENT	NonFacility	$ 136.62
99244	00	OFFICE CONSULTAT	EVALUATION & MANAGEMENT	NonFacility	$ 239.20
99283	00	EMERGENCY DEPART	EVALUATION & MANAGEMENT	NonFacility	$ 80.96
99284	00	EMERGENCY DEPART	EVALUATION & MANAGEMENT	NonFacility	$ 155.02
99285	00	EMERGENCY DEPT V	EVALUATION & MANAGEMENT	NonFacility	$ 226.78
99291	00	CRITICAL CARE IL	EVALUATION & MANAGEMENT	NonFacility	$ 368.00
99308	00	SBSQ NURSING FAC	EVALUATION & MANAGEMENT - NURSING FACILITY SVCS	NonFacility	$ 91.55
99309	00	SBSQ NURSING FAC	EVALUATION & MANAGEMENT - NURSING FACILITY SVCS	NonFacility	$ 120.06
99391	00	PERIODIC PREVENT	EVALUATION & MANAGEMENT - PREVENTIVE	NonFacility	$ 133.40
99392	00	PERIODIC PREVENT	EVALUATION & MANAGEMENT - PREVENTIVE	NonFacility	$ 142.60
99395	00	PERIODIC PREVENT	EVALUATION & MANAGEMENT - PREVENTIVE	NonFacility	$ 158.24
99396	00	PERIODIC PREVENT	EVALUATION & MANAGEMENT - PREVENTIVE	NonFacility	$ 168.81
99397	00	PERIODIC PREVENT	EVALUATION & MANAGEMENT - PREVENTIVE	NonFacility	$ 182.16
G0202	00	SCR MAMMO PRODUC	RADIOLOGY - MAMMOGRAPHY	NonFacility	$ 152.69
G0202	26	SCR MAMMO PRODUC	RADIOLOGY - MAMMOGRAPHY	NonFacility	$ 38.17
G0202	TC	SCR MAMMO PRODUC	RADIOLOGY - MAMMOGRAPHY	NonFacility	$ 114.52
J0178	00	INJECTION AFLIBE	INJECTABLES/OTHER DRUGS	NonFacility	$ 980.50
J1745	00	INJECTION INFLIX	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	NonFacility	$ 71.35
J2323	00	INJECTION NATAL	INJECTABLES/OTHER DRUGS	NonFacility	$ 13.97
J2505	00	INJECTION PEGFIL	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	NonFacility	$ 3307.54
J2778	00	INJECTION RANIBI	INJECTABLES/OTHER DRUGS	NonFacility	$ 397.01
J9035	00	INJECTION BEVACI	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	NonFacility	$ 65.58
J9263	00	INJECTION OXALIP	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	NonFacility	$ 0.56
J9305	00	INJECTION PEMETR	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	NonFacility	$ 59.96
J9310	00	INJECTION, RITUX	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	NonFacility	$ 693.90
J9355	00	INJECTION, TRAST	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	NonFacility	$ 80.64

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): $ 46.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS
Last Routine Maintenance Update: 07-01-2014

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.

UnitedHealthcare

Payment Appendix
Fee Information Document
Core

Representative Fee Schedule Sample: as of 07/01/2014
Report Date: 08/08/2014

Fee Schedule ID: REGN 99242 - NonFacility

Linked Fee Schedule ID: REGN 99243 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
59400	00	OB CARE ANTEPART	OBSTETRICS - GLOBAL	Facility	$ 2907.66
59510	00	OB ANTEPARTUM CA	OBSTETRICS - GLOBAL	Facility	$ 3214.03
66984	00	CATARACT REMOVAL	SURGERY - EYE & OCULAR ADNEXA	Facility	$ 902.98
77418	00	INTENS MOD TX DE	RADIOLOGY - RADIATION THERAPY	Facility	$ 506.94
88305	00	LEVEL IV SURG PA	LAB - PATHOLOGY	Facility	$ 42.05
88305	26	LEVEL IV SURG PA	LAB - PATHOLOGY	Facility	$ 22.04
88305	TC	LEVEL IV SURG PA	LAB - PATHOLOGY	Facility	$ 20.01
90460	00	IM ADM THRU 18YR	MEDICINE - IMMUNIZATION ADMINISTRATION	Facility	$ 34.96
90649	00	HUMAN PAPILLOMA	IMMUNIZATIONS	Facility	$ 169.66
90670	00	PNEUMOCOCCAL CON	IMMUNIZATIONS	Facility	$ 162.96
92014	00	OPHTH MEDICAL XM	MEDICINE - OPHTHALMOLOGY	Facility	$ 108.55
93306	00	ECHO TTHRC R-T 2	MEDICINE - CARDIOVASCULAR	Facility	$ 256.22
93306	26	ECHO TTHRC R-T 2	MEDICINE - CARDIOVASCULAR	Facility	$ 83.72
93306	TC	ECHO TTHRC R-T 2	MEDICINE - CARDIOVASCULAR	Facility	$ 172.50
99203	00	OFFICE OUTPATIEN	EVALUATION & MANAGEMENT	Facility	$ 101.66
99204	00	OFFICE OUTPATIEN	EVALUATION & MANAGEMENT	Facility	$ 173.42
99205	00	OFFICE OUTPATIEN	EVALUATION & MANAGEMENT	Facility	$ 222.64
99212	00	OFFICE OUTPATIEN	EVALUATION & MANAGEMENT	Facility	$ 33.12
99213	00	OFFICE OUTPATIEN	EVALUATION & MANAGEMENT	Facility	$ 67.16
99214	00	OFFICE OUTPATIEN	EVALUATION & MANAGEMENT	Facility	$ 103.50
99215	00	OFFICE OUTPATIEN	EVALUATION & MANAGEMENT	Facility	$ 145.82
99222	00	INITIAL HOSPITAL	EVALUATION & MANAGEMENT	Facility	$ 182.16
99223	00	INITIAL HOSPITAL	EVALUATION & MANAGEMENT	Facility	$ 267.72
99232	00	SBSQ HOSPITAL CA	EVALUATION & MANAGEMENT	Facility	$ 94.76
99233	00	SBSQ HOSPITAL CA	EVALUATION & MANAGEMENT	Facility	$ 136.62
99244	00	OFFICE CONSULTAT	EVALUATION & MANAGEMENT	Facility	$ 201.48
99283	00	EMERGENCY DEPART	EVALUATION & MANAGEMENT	Facility	$ 80.96
99284	00	EMERGENCY DEPART	EVALUATION & MANAGEMENT	Facility	$ 155.02
99285	00	EMERGENCY DEPT V	EVALUATION & MANAGEMENT	Facility	$ 226.78
99291	00	CRITICAL CARE IL	EVALUATION & MANAGEMENT	Facility	$ 294.40
99308	00	SBSQ NURSING FAC	EVALUATION & MANAGEMENT - NURSING FACILITY SVCS	Facility	$ 91.55
99309	00	SBSQ NURSING FAC	EVALUATION & MANAGEMENT - NURSING FACILITY SVCS	Facility	$ 120.06
99391	00	PERIODIC PREVENT	EVALUATION & MANAGEMENT - PREVENTIVE	Facility	$ 92.47
99392	00	PERIODIC PREVENT	EVALUATION & MANAGEMENT - PREVENTIVE	Facility	$ 101.66
99395	00	PERIODIC PREVENT	EVALUATION & MANAGEMENT - PREVENTIVE	Facility	$ 117.76
99396	00	PERIODIC PREVENT	EVALUATION & MANAGEMENT - PREVENTIVE	Facility	$ 128.33
99397	00	PERIODIC PREVENT	EVALUATION & MANAGEMENT - PREVENTIVE	Facility	$ 135.24
G0202	00	SCR MAMMO PRODUC	RADIOLOGY - MAMMOGRAPHY	Facility	$ 152.69
G0202	26	SCR MAMMO PRODUC	RADIOLOGY - MAMMOGRAPHY	Facility	$ 38.17
G0202	TC	SCR MAMMO PRODUC	RADIOLOGY - MAMMOGRAPHY	Facility	$ 114.52
J0178	00	INJECTION AFLIBE	INJECTABLES/OTHER DRUGS	Facility	$ 980.50
J1745	00	INJECTION INFLIX	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	Facility	$ 71.35
J2323	00	INJECTION NATAL	INJECTABLES/OTHER DRUGS	Facility	$ 13.97
J2505	00	INJECTION PEGFIL	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	Facility	$ 3307.54
J2778	00	INJECTION RANIBI	INJECTABLES/OTHER DRUGS	Facility	$ 397.01
J9035	00	INJECTION BEVACI	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	Facility	$ 65.58
J9263	00	INJECTION OXALIP	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	Facility	$ 0.56
J9305	00	INJECTION PEMETR	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	Facility	$ 59.96
J9310	00	INJECTION, RITUX	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	Facility	$ 693.90
J9355	00	INJECTION, TRAST	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	Facility	$ 80.64

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): $ 46.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS
Last Routine Maintenance Update: 07-01-2014

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.

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:

[(Value of 15 minute Anesthesia Conversion Factor / 15) * 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).

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:
Proration: Partial time units will be prorated and calculated to one decimal place rounded to the nearest tenth. 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 to the nearest tenth and the total time units for the claim will be 1.1 time units.

In the event that any of United's claims systems cannot administer the calculation of partial units 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 Proration method described above.

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 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.

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 2013 RVU, the 2013 Conversion Factor, and the 2013 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 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.

For Immunizations, United applies the UHC Immunization Fee Schedule. The Centers for Disease Control and Prevention Private Sector Selling Price (CDC PSSP) is the Primary Fee Source used to obtain the Fee Basis amounts. In the event that more than one Fee Basis amount is published by the CDC PSSP for a specific CPT/HCPCS code, an average of the published amounts will be used.

More information about the UHC Immunization Fee Schedule can be located at: www.unitedhealthcareonline.com >> Claims & Payments > Fee Schedule Lookup > Related Links "UHC Immunization Fee Schedule"

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.

UnitedHealthcare

Payment Appendix
Fee Information Document
Compass

Fee Schedule Specifications: as of 07/01/2014
Report Date: 08/08/2014

Fee Schedule ID: REGN 99242 - NonFacility

Linked Fee Schedule ID: REGN 99243 - Facility

Type Of Service	Primary Fee Source	Pricing Level
EVALUATION & MANAGEMENT	2013 CMS RBRVS Carrier Locality (0000000)	135.203%
EVALUATION & MANAGEMENT - NEONATAL	2013 CMS RBRVS Carrier Locality (0000000)	135.203%
EVALUATION & MANAGEMENT - PREVENTIVE	2013 CMS RBRVS Carrier Locality (0000000)	135.203%
EVALUATION & MANAGEMENT - NURSING FACILITY SVCS	2013 CMS RBRVS Carrier Locality (0000000)	135.203%
SURGERY - INTEGUMENTARY	2013 CMS RBRVS Carrier Locality (0000000)	135.203%
SURGERY - MUSCULOSKELETAL	2013 CMS RBRVS Carrier Locality (0000000)	135.203%
SURGERY - RESPIRATORY	2013 CMS RBRVS Carrier Locality (0000000)	135.203%
SURGERY - CARDIOVASCULAR	2013 CMS RBRVS Carrier Locality (0000000)	135.203%
SURGERY - HEMIC & LYMPHATIC	2013 CMS RBRVS Carrier Locality (0000000)	135.203%
SURGERY - MEDIASTINUM & DIAPHRAGM	2013 CMS RBRVS Carrier Locality (0000000)	135.203%
SURGERY - DIGESTIVE	2013 CMS RBRVS Carrier Locality (0000000)	135.203%
SURGERY - URINARY	2013 CMS RBRVS Carrier Locality (0000000)	135.203%
SURGERY - MALE GENITAL	2013 CMS RBRVS Carrier Locality (0000000)	135.203%
SURGERY - FEMALE GENITAL	2013 CMS RBRVS Carrier Locality (0000000)	135.203%
SURGERY - MATERNITY & DELIVERY	2013 CMS RBRVS Carrier Locality (0000000)	135.203%
SURGERY - ENDOCRINE	2013 CMS RBRVS Carrier Locality (0000000)	135.203%
SURGERY - NERVOUS	2013 CMS RBRVS Carrier Locality (0000000)	135.203%
SURGERY - EYE & OCULAR ADNEXA	2013 CMS RBRVS Carrier Locality (0000000)	135.203%
SURGERY - AUDITORY	2013 CMS RBRVS Carrier Locality (0000000)	135.203%
RADIOLOGY	2013 CMS RBRVS Carrier Locality (0000000)	100.000%
RADIOLOGY - BONE DENSITY	2013 CMS RBRVS Carrier Locality (0000000)	73.000%
RADIOLOGY - CT	2013 CMS RBRVS Carrier Locality (0000000)	85.000%
RADIOLOGY - MAMMOGRAPHY	2013 CMS RBRVS Carrier Locality (0000000)	110.000%
RADIOLOGY - MRI	2013 CMS RBRVS Carrier Locality (0000000)	85.000%
RADIOLOGY - MRA	2013 CMS RBRVS Carrier Locality (0000000)	85.000%
RADIOLOGY - NUCLEAR MEDICINE	2013 CMS RBRVS Carrier Locality (0000000)	85.000%
RADIOLOGY - PET SCANS	2013 CMS RBRVS Carrier Locality (0000000)	85.000%
RADIOLOGY - RADIATION THERAPY	2013 CMS RBRVS Carrier Locality (0000000)	125.000%
RADIOLOGY - ULTRASOUND	2013 CMS RBRVS Carrier Locality (0000000)	100.000%
LAB - PATHOLOGY	2013 CMS RBRVS Carrier Locality (0000000)	60.000%
OFFICE LAB	2013 CMS Clinical Lab Schedule National Limit	60.000%
CLINICAL LABORATORY	2013 CMS Clinical Lab Schedule National Limit	42.000%
MEDICINE - OPHTHALMOLOGY	2013 CMS RBRVS Carrier Locality (0000000)	135.203%
MEDICINE - CARDIOVASCULAR	2013 CMS RBRVS Carrier Locality (0000000)	135.203%
MEDICINE - ALLERGY & CLINICAL IMMUNOLOGY	2013 CMS RBRVS Carrier Locality (0000000)	135.203%
MEDICINE - CHIROPRACTIC MANIPULATIVE TREATMENT	2013 CMS RBRVS Carrier Locality (0000000)	135.203%
MEDICINE - PHYSICAL MED AND REHAB - MODALITIES	2013 CMS RBRVS Carrier Locality (0000000)	100.000%
MEDICINE - PHYSICAL MED AND REHAB -THERAPIES&OTHER	2013 CMS RBRVS Carrier Locality (0000000)	100.000%
MEDICINE - ENTERAL FORMULA	2013 CMS RBRVS Carrier Locality (0000000)	135.203%
MEDICINE - OTHER	2013 CMS RBRVS Carrier Locality (0000000)	135.203%
MEDICINE - IMMUNIZATION ADMINISTRATION	2013 CMS RBRVS Carrier Locality (0000000)	135.203%
MEDICINE - CHEMO ADMIN	2013 CMS RBRVS Carrier Locality (0000000)	135.203%
OBSTETRICS - GLOBAL	2013 CMS RBRVS Carrier Locality (0000000)	135.203%
IMMUNIZATIONS	UHC Immunization Fee Schedule	120.000%
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	2013 CMS DME Floor	60.000%
DME & SUPPLIES - RESPIRATORY	2013 CMS DME Floor	60.000%
DME & SUPPLIES - ORTHOTICS	2013 CMS DME Floor	60.000%
DME & SUPPLIES - PROSTHETICS	2013 CMS DME Floor	60.000%
DME & SUPPLIES - OSTOMY	2013 CMS DME Floor	60.000%
AMBULANCE	2013 CMS Ambulance Schedule - Urban (0000000)	135.203%

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): $ 46.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 07-01-2014

Fixed Fees: 36415 - $3.00 36416 - $3.00 87804 - $14.00 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.

UnitedHealthcare

Payment Appendix
Fee Information Document
Compass

Representative Fee Schedule Sample: as of 07/01/2014
Report Date: 08/08/2014

Fee Schedule ID: REGN 99242 - NonFacility

Linked Fee Schedule ID: REGN 99243 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
59400	00	OB CARE ANTEPART	OBSTETRICS - GLOBAL	NonFacility	$ 2907.66
59510	00	OB ANTEPARTUM CA	OBSTETRICS - GLOBAL	NonFacility	$ 3214.03
66984	00	CATARACT REMOVAL	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 902.98
77418	00	INTENS MOD TX DE	RADIOLOGY - RADIATION THERAPY	NonFacility	$ 506.94
88305	00	LEVEL IV SURG PA	LAB - PATHOLOGY	NonFacility	$ 42.05
88305	26	LEVEL IV SURG PA	LAB - PATHOLOGY	NonFacility	$ 22.04
88305	TC	LEVEL IV SURG PA	LAB - PATHOLOGY	NonFacility	$ 20.01
90460	00	IM ADM THRU 18YR	MEDICINE - IMMUNIZATION ADMINISTRATION	NonFacility	$ 34.96
90649	00	HUMAN PAPILLOMA	IMMUNIZATIONS	NonFacility	$ 169.66
90670	00	PNEUMOCOCCAL CON	IMMUNIZATIONS	NonFacility	$ 162.96
92014	00	OPHTH MEDICAL XM	MEDICINE - OPHTHALMOLOGY	NonFacility	$ 170.67
93306	00	ECHO TTHRC R-T 2	MEDICINE - CARDIOVASCULAR	NonFacility	$ 256.22
93306	26	ECHO TTHRC R-T 2	MEDICINE - CARDIOVASCULAR	NonFacility	$ 83.72
93306	TC	ECHO TTHRC R-T 2	MEDICINE - CARDIOVASCULAR	NonFacility	$ 172.50
99203	00	OFFICE OUTPATIEN	EVALUATION & MANAGEMENT	NonFacility	$ 146.28
99204	00	OFFICE OUTPATIEN	EVALUATION & MANAGEMENT	NonFacility	$ 222.64
99205	00	OFFICE OUTPATIEN	EVALUATION & MANAGEMENT	NonFacility	$ 275.54
99212	00	OFFICE OUTPATIEN	EVALUATION & MANAGEMENT	NonFacility	$ 59.34
99213	00	OFFICE OUTPATIEN	EVALUATION & MANAGEMENT	NonFacility	$ 98.44
99214	00	OFFICE OUTPATIEN	EVALUATION & MANAGEMENT	NonFacility	$ 144.44
99215	00	OFFICE OUTPATIEN	EVALUATION & MANAGEMENT	NonFacility	$ 193.21
99222	00	INITIAL HOSPITAL	EVALUATION & MANAGEMENT	NonFacility	$ 182.16
99223	00	INITIAL HOSPITAL	EVALUATION & MANAGEMENT	NonFacility	$ 267.72
99232	00	SBSQ HOSPITAL CA	EVALUATION & MANAGEMENT	NonFacility	$ 94.76
99233	00	SBSQ HOSPITAL CA	EVALUATION & MANAGEMENT	NonFacility	$ 136.62
99244	00	OFFICE CONSULTAT	EVALUATION & MANAGEMENT	NonFacility	$ 239.20
99283	00	EMERGENCY DEPART	EVALUATION & MANAGEMENT	NonFacility	$ 80.96
99284	00	EMERGENCY DEPART	EVALUATION & MANAGEMENT	NonFacility	$ 155.02
99285	00	EMERGENCY DEPT V	EVALUATION & MANAGEMENT	NonFacility	$ 226.78
99291	00	CRITICAL CARE IL	EVALUATION & MANAGEMENT	NonFacility	$ 368.00
99308	00	SBSQ NURSING FAC	EVALUATION & MANAGEMENT - NURSING FACILITY SVCS	NonFacility	$ 91.55
99309	00	SBSQ NURSING FAC	EVALUATION & MANAGEMENT - NURSING FACILITY SVCS	NonFacility	$ 120.06
99391	00	PERIODIC PREVENT	EVALUATION & MANAGEMENT - PREVENTIVE	NonFacility	$ 133.40
99392	00	PERIODIC PREVENT	EVALUATION & MANAGEMENT - PREVENTIVE	NonFacility	$ 142.60
99395	00	PERIODIC PREVENT	EVALUATION & MANAGEMENT - PREVENTIVE	NonFacility	$ 158.24
99396	00	PERIODIC PREVENT	EVALUATION & MANAGEMENT - PREVENTIVE	NonFacility	$ 168.81
99397	00	PERIODIC PREVENT	EVALUATION & MANAGEMENT - PREVENTIVE	NonFacility	$ 182.16
G0202	00	SCR MAMMO PRODUC	RADIOLOGY - MAMMOGRAPHY	NonFacility	$ 152.69
G0202	26	SCR MAMMO PRODUC	RADIOLOGY - MAMMOGRAPHY	NonFacility	$ 38.17
G0202	TC	SCR MAMMO PRODUC	RADIOLOGY - MAMMOGRAPHY	NonFacility	$ 114.52
J0178	00	INJECTION AFLIBE	INJECTABLES/OTHER DRUGS	NonFacility	$ 980.50
J1745	00	INJECTION INFLIX	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	NonFacility	$ 71.35
J2323	00	INJECTION NATAL	INJECTABLES/OTHER DRUGS	NonFacility	$ 13.97
J2505	00	INJECTION PEGFIL	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	NonFacility	$ 3307.54
J2778	00	INJECTION RANIBI	INJECTABLES/OTHER DRUGS	NonFacility	$ 397.01
J9035	00	INJECTION BEVACI	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	NonFacility	$ 65.58
J9263	00	INJECTION OXALIP	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	NonFacility	$ 0.56
J9305	00	INJECTION PEMETR	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	NonFacility	$ 59.96
J9310	00	INJECTION, RITUX	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	NonFacility	$ 693.90
J9355	00	INJECTION, TRAST	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	NonFacility	$ 80.64

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): $ 46.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS
Last Routine Maintenance Update: 07-01-2014

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 emount 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.

UnitedHealthcare

Payment Appendix
Fee Information Document
Compass

Representative Fee Schedule Sample: as of 07/01/2014
Report Date: 08/08/2014

Fee Schedule ID: REGN 99242 - NonFacility

Linked Fee Schedule ID: REGN 99243 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
59400	00	OB CARE ANTEPART	OBSTETRICS - GLOBAL	Facility	$ 2907.66
59510	00	OB ANTEPARTUM CA	OBSTETRICS - GLOBAL	Facility	$ 3214.03
66984	00	CATARACT REMOVAL	SURGERY - EYE & OCULAR ADNEXA	Facility	$ 902.98
77418	00	INTENS MOD TX DE	RADIOLOGY - RADIATION THERAPY	Facility	$ 506.94
88305	00	LEVEL IV SURG PA	LAB - PATHOLOGY	Facility	$ 42.05
88305	26	LEVEL IV SURG PA	LAB - PATHOLOGY	Facility	$ 22.04
88305	TC	LEVEL IV SURG PA	LAB - PATHOLOGY	Facility	$ 20.01
90460	00	IM ADM THRU 18YR	MEDICINE - IMMUNIZATION ADMINISTRATION	Facility	$ 34.96
90649	00	HUMAN PAPILLOMA	IMMUNIZATIONS	Facility	$ 169.66
90670	00	PNEUMOCOCCAL CON	IMMUNIZATIONS	Facility	$ 162.96
92014	00	OPHTH MEDICAL XM	MEDICINE - OPHTHALMOLOGY	Facility	$ 108.55
93306	00	ECHO TTHRC R-T 2	MEDICINE - CARDIOVASCULAR	Facility	$ 256.22
93306	26	ECHO TTHRC R-T 2	MEDICINE - CARDIOVASCULAR	Facility	$ 83.72
93306	TC	ECHO TTHRC R-T 2	MEDICINE - CARDIOVASCULAR	Facility	$ 172.50
99203	00	OFFICE OUTPATIEN	EVALUATION & MANAGEMENT	Facility	$ 101.66
99204	00	OFFICE OUTPATIEN	EVALUATION & MANAGEMENT	Facility	$ 173.42
99205	00	OFFICE OUTPATIEN	EVALUATION & MANAGEMENT	Facility	$ 222.64
99212	00	OFFICE OUTPATIEN	EVALUATION & MANAGEMENT	Facility	$ 33.12
99213	00	OFFICE OUTPATIEN	EVALUATION & MANAGEMENT	Facility	$ 67.16
99214	00	OFFICE OUTPATIEN	EVALUATION & MANAGEMENT	Facility	$ 103.50
99215	00	OFFICE OUTPATIEN	EVALUATION & MANAGEMENT	Facility	$ 145.82
99222	00	INITIAL HOSPITAL	EVALUATION & MANAGEMENT	Facility	$ 182.16
99223	00	INITIAL HOSPITAL	EVALUATION & MANAGEMENT	Facility	$ 267.72
99232	00	SBSQ HOSPITAL CA	EVALUATION & MANAGEMENT	Facility	$ 94.76
99233	00	SBSQ HOSPITAL CA	EVALUATION & MANAGEMENT	Facility	$ 136.62
99244	00	OFFICE CONSULTAT	EVALUATION & MANAGEMENT	Facility	$ 201.48
99283	00	EMERGENCY DEPART	EVALUATION & MANAGEMENT	Facility	$ 80.96
99284	00	EMERGENCY DEPART	EVALUATION & MANAGEMENT	Facility	$ 155.02
99285	00	EMERGENCY DEPT V	EVALUATION & MANAGEMENT	Facility	$ 226.78
99291	00	CRITICAL CARE IL	EVALUATION & MANAGEMENT	Facility	$ 294.40
99308	00	SBSQ NURSING FAC	EVALUATION & MANAGEMENT - NURSING FACILITY SVCS	Facility	$ 91.55
99309	00	SBSQ NURSING FAC	EVALUATION & MANAGEMENT - NURSING FACILITY SVCS	Facility	$ 120.06
99391	00	PERIODIC PREVENT	EVALUATION & MANAGEMENT - PREVENTIVE	Facility	$ 92.47
99392	00	PERIODIC PREVENT	EVALUATION & MANAGEMENT - PREVENTIVE	Facility	$ 101.66
99395	00	PERIODIC PREVENT	EVALUATION & MANAGEMENT - PREVENTIVE	Facility	$ 117.76
99396	00	PERIODIC PREVENT	EVALUATION & MANAGEMENT - PREVENTIVE	Facility	$ 128.33
99397	00	PERIODIC PREVENT	EVALUATION & MANAGEMENT - PREVENTIVE	Facility	$ 135.24
G0202	00	SCR MAMMO PRODUC	RADIOLOGY - MAMMOGRAPHY	Facility	$ 152.69
G0202	26	SCR MAMMO PRODUC	RADIOLOGY - MAMMOGRAPHY	Facility	$ 38.17
G0202	TC	SCR MAMMO PRODUC	RADIOLOGY - MAMMOGRAPHY	Facility	$ 114.52
J0178	00	INJECTION AFLIBE	INJECTABLES/OTHER DRUGS	Facility	$ 980.50
J1745	00	INJECTION INFLIX	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	Facility	$ 71.35
J2323	00	INJECTION NATAL	INJECTABLES/OTHER DRUGS	Facility	$ 13.97
J2505	00	INJECTION PEGFIL	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	Facility	$ 3307.54
J2778	00	INJECTION RANIBI	INJECTABLES/OTHER DRUGS	Facility	$ 397.01
J9035	00	INJECTION BEVACI	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	Facility	$ 65.58
J9263	00	INJECTION OXALIP	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	Facility	$ 0.56
J9305	00	INJECTION PEMETR	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	Facility	$ 59.96
J9310	00	INJECTION, RITUX	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	Facility	$ 693.90
J9355	00	INJECTION, TRAST	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	Facility	$ 80.64

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): $ 46.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS
Last Routine Maintenance Update: 07-01-2014

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.

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:

[(Value of 15 minute Anesthesia Conversion Factor / 15) * 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).

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:
Proration: Partial time units will be prorated and calculated to one decimal place rounded to the nearest tenth. 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 to the nearest tenth and the total time units for the claim will be 1.1 time units.

In the event that any of United's claims systems cannot administer the calculation of partial units 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 Proration method described above.

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 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.

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 2013 RVU, the 2013 Conversion Factor, and the 2013 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 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.

For Immunizations, United applies the UHC Immunization Fee Schedule. The Centers for Disease Control and Prevention Private Sector Selling Price (CDC PSSP) is the Primary Fee Source used to obtain the Fee Basis amounts. In the event that more than one Fee Basis amount is published by the CDC PSSP for a specific CPT/HCPCS code, an average of the published amounts will be used.

More information about the UHC Immunization Fee Schedule can be located at: www.unitedhealthcareonline.com >> Claims & Payments > Fee Schedule Lookup > Related Links "UHC Immunization Fee Schedule"

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.

UnitedHealthcare

Payment Appendix
Fee Information Document
Charter

Fee Schedule Specifications: as of 07/01/2014
Report Date: 08/08/2014

Fee Schedule ID: REGN 99242 - NonFacility

Linked Fee Schedule ID: REGN 99243 - Facility

Type Of Service	Primary Fee Source	Pricing Level
EVALUATION & MANAGEMENT	2013 CMS RBRVS Carrier Locality (0000000)	135.203%
EVALUATION & MANAGEMENT - NEONATAL	2013 CMS RBRVS Carrier Locality (0000000)	135.203%
EVALUATION & MANAGEMENT - PREVENTIVE	2013 CMS RBRVS Carrier Locality (0000000)	135.203%
EVALUATION & MANAGEMENT - NURSING FACILITY SVCS	2013 CMS RBRVS Carrier Locality (0000000)	135.203%
SURGERY - INTEGUMENTARY	2013 CMS RBRVS Carrier Locality (0000000)	135.203%
SURGERY - MUSCULOSKELETAL	2013 CMS RBRVS Carrier Locality (0000000)	135.203%
SURGERY - RESPIRATORY	2013 CMS RBRVS Carrier Locality (0000000)	135.203%
SURGERY - CARDIOVASCULAR	2013 CMS RBRVS Carrier Locality (0000000)	135.203%
SURGERY - HEMIC & LYMPHATIC	2013 CMS RBRVS Carrier Locality (0000000)	135.203%
SURGERY - MEDIASTINUM & DIAPHRAGM	2013 CMS RBRVS Carrier Locality (0000000)	135.203%
SURGERY - DIGESTIVE	2013 CMS RBRVS Carrier Locality (0000000)	135.203%
SURGERY - URINARY	2013 CMS RBRVS Carrier Locality (0000000)	135.203%
SURGERY - MALE GENITAL	2013 CMS RBRVS Carrier Locality (0000000)	135.203%
SURGERY - FEMALE GENITAL	2013 CMS RBRVS Carrier Locality (0000000)	135.203%
SURGERY - MATERNITY & DELIVERY	2013 CMS RBRVS Carrier Locality (0000000)	135.203%
SURGERY - ENDOCRINE	2013 CMS RBRVS Carrier Locality (0000000)	135.203%
SURGERY - NERVOUS	2013 CMS RBRVS Carrier Locality (0000000)	135.203%
SURGERY - EYE & OCULAR ADNEXA	2013 CMS RBRVS Carrier Locality (0000000)	135.203%
SURGERY - AUDITORY	2013 CMS RBRVS Carrier Locality (0000000)	135.203%
RADIOLOGY	2013 CMS RBRVS Carrier Locality (0000000)	100.000%
RADIOLOGY - BONE DENSITY	2013 CMS RBRVS Carrier Locality (0000000)	73.000%
RADIOLOGY - CT	2013 CMS RBRVS Carrier Locality (0000000)	85.000%
RADIOLOGY - MAMMOGRAPHY	2013 CMS RBRVS Carrier Locality (0000000)	110.000%
RADIOLOGY - MRI	2013 CMS RBRVS Carrier Locality (0000000)	85.000%
RADIOLOGY - MRA	2013 CMS RBRVS Carrier Locality (0000000)	85.000%
RADIOLOGY - NUCLEAR MEDICINE	2013 CMS RBRVS Carrier Locality (0000000)	85.000%
RADIOLOGY - PET SCANS	2013 CMS RBRVS Carrier Locality (0000000)	85.000%
RADIOLOGY - RADIATION THERAPY	2013 CMS RBRVS Carrier Locality (0000000)	125.000%
RADIOLOGY - ULTRASOUND	2013 CMS RBRVS Carrier Locality (0000000)	100.000%
LAB - PATHOLOGY	2013 CMS RBRVS Carrier Locality (0000000)	60.000%
OFFICE LAB	2013 CMS Clinical Lab Schedule National Limit	60.000%
CLINICAL LABORATORY	2013 CMS Clinical Lab Schedule National Limit	42.000%
MEDICINE - OPHTHALMOLOGY	2013 CMS RBRVS Carrier Locality (0000000)	135.203%
MEDICINE - CARDIOVASCULAR	2013 CMS RBRVS Carrier Locality (0000000)	135.203%
MEDICINE - ALLERGY & CLINICAL IMMUNOLOGY	2013 CMS RBRVS Carrier Locality (0000000)	135.203%
MEDICINE - CHIROPRACTIC MANIPULATIVE TREATMENT	2013 CMS RBRVS Carrier Locality (0000000)	135.203%
MEDICINE - PHYSICAL MED AND REHAB - MODALITIES	2013 CMS RBRVS Carrier Locality (0000000)	100.000%
MEDICINE - PHYSICAL MED AND REHAB -THERAPIES&OTHER	2013 CMS RBRVS Carrier Locality (0000000)	100.000%
MEDICINE - ENTERAL FORMULA	2013 CMS RBRVS Carrier Locality (0000000)	135.203%
MEDICINE - OTHER	2013 CMS RBRVS Carrier Locality (0000000)	135.203%
MEDICINE - IMMUNIZATION ADMINISTRATION	2013 CMS RBRVS Carrier Locality (0000000)	135.203%
MEDICINE - CHEMO ADMIN	2013 CMS RBRVS Carrier Locality (0000000)	135.203%
OBSTETRICS - GLOBAL	2013 CMS RBRVS Carrier Locality (0000000)	135.203%
IMMUNIZATIONS	UHC Immunization Fee Schedule	120.000%
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	2013 CMS DME Floor	60.000%
DME & SUPPLIES - RESPIRATORY	2013 CMS DME Floor	60.000%
DME & SUPPLIES - ORTHOTICS	2013 CMS DME Floor	60.000%
DME & SUPPLIES - PROSTHETICS	2013 CMS DME Floor	60.000%
DME & SUPPLIES - OSTOMY	2013 CMS DME Floor	60.000%
AMBULANCE	2013 CMS Ambulance Schedule - Urban (0000000)	135.203%

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): $ 46.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 07-01-2014

Fixed Fees: 36415 - $3.00 36416 - $3.00 87804 - $14.00 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.

UnitedHealthcare

Payment Appendix
Fee Information Document
Charter

Representative Fee Schedule Sample: as of 07/01/2014
Report Date: 08/08/2014

Fee Schedule ID: REGN 99242 - NonFacility

Linked Fee Schedule ID: REGN 99243 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
59400	00	OB CARE ANTEPART	OBSTETRICS - GLOBAL	NonFacility	$ 2907.66
59510	00	OB ANTEPARTUM CA	OBSTETRICS - GLOBAL	NonFacility	$ 3214.03
66984	00	CATARACT REMOVAL	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 902.98
77418	00	INTENS MOD TX DE	RADIOLOGY - RADIATION THERAPY	NonFacility	$ 506.94
88305	00	LEVEL IV SURG PA	LAB - PATHOLOGY	NonFacility	$ 42.05
88305	26	LEVEL IV SURG PA	LAB - PATHOLOGY	NonFacility	$ 22.04
88305	TC	LEVEL IV SURG PA	LAB - PATHOLOGY	NonFacility	$ 20.01
90460	00	IM ADM THRU 18YR	MEDICINE - IMMUNIZATION ADMINISTRATION	NonFacility	$ 34.96
90649	00	HUMAN PAPILLOMA	IMMUNIZATIONS	NonFacility	$ 169.66
90670	00	PNEUMOCOCCAL CON	IMMUNIZATIONS	NonFacility	$ 162.96
92014	00	OPHTH MEDICAL XM	MEDICINE - OPHTHALMOLOGY	NonFacility	$ 170.67
93306	00	ECHO TTHRC R-T 2	MEDICINE - CARDIOVASCULAR	NonFacility	$ 256.22
93306	26	ECHO TTHRC R-T 2	MEDICINE - CARDIOVASCULAR	NonFacility	$ 83.72
93306	TC	ECHO TTHRC R-T 2	MEDICINE - CARDIOVASCULAR	NonFacility	$ 172.50
99203	00	OFFICE OUTPATIEN	EVALUATION & MANAGEMENT	NonFacility	$ 146.28
99204	00	OFFICE OUTPATIEN	EVALUATION & MANAGEMENT	NonFacility	$ 222.64
99205	00	OFFICE OUTPATIEN	EVALUATION & MANAGEMENT	NonFacility	$ 275.54
99212	00	OFFICE OUTPATIEN	EVALUATION & MANAGEMENT	NonFacility	$ 59.34
99213	00	OFFICE OUTPATIEN	EVALUATION & MANAGEMENT	NonFacility	$ 98.44
99214	00	OFFICE OUTPATIEN	EVALUATION & MANAGEMENT	NonFacility	$ 144.44
99215	00	OFFICE OUTPATIEN	EVALUATION & MANAGEMENT	NonFacility	$ 193.21
99222	00	INITIAL HOSPITAL	EVALUATION & MANAGEMENT	NonFacility	$ 182.16
99223	00	INITIAL HOSPITAL	EVALUATION & MANAGEMENT	NonFacility	$ 267.72
99232	00	SBSQ HOSPITAL CA	EVALUATION & MANAGEMENT	NonFacility	$ 94.76
99233	00	SBSQ HOSPITAL CA	EVALUATION & MANAGEMENT	NonFacility	$ 136.62
99244	00	OFFICE CONSULTAT	EVALUATION & MANAGEMENT	NonFacility	$ 239.20
99283	00	EMERGENCY DEPART	EVALUATION & MANAGEMENT	NonFacility	$ 80.96
99284	00	EMERGENCY DEPART	EVALUATION & MANAGEMENT	NonFacility	$ 155.02
99285	00	EMERGENCY DEPT V	EVALUATION & MANAGEMENT	NonFacility	$ 226.78
99291	00	CRITICAL CARE IL	EVALUATION & MANAGEMENT	NonFacility	$ 368.00
99308	00	SBSQ NURSING FAC	EVALUATION & MANAGEMENT - NURSING FACILITY SVCS	NonFacility	$ 91.55
99309	00	SBSQ NURSING FAC	EVALUATION & MANAGEMENT - NURSING FACILITY SVCS	NonFacility	$ 120.06
99391	00	PERIODIC PREVENT	EVALUATION & MANAGEMENT - PREVENTIVE	NonFacility	$ 133.40
99392	00	PERIODIC PREVENT	EVALUATION & MANAGEMENT - PREVENTIVE	NonFacility	$ 142.60
99395	00	PERIODIC PREVENT	EVALUATION & MANAGEMENT - PREVENTIVE	NonFacility	$ 158.24
99396	00	PERIODIC PREVENT	EVALUATION & MANAGEMENT - PREVENTIVE	NonFacility	$ 168.81
99397	00	PERIODIC PREVENT	EVALUATION & MANAGEMENT - PREVENTIVE	NonFacility	$ 182.16
G0202	00	SCR MAMMO PRODUC	RADIOLOGY - MAMMOGRAPHY	NonFacility	$ 152.69
G0202	26	SCR MAMMO PRODUC	RADIOLOGY - MAMMOGRAPHY	NonFacility	$ 38.17
G0202	TC	SCR MAMMO PRODUC	RADIOLOGY - MAMMOGRAPHY	NonFacility	$ 114.52
J0178	00	INJECTION AFLIBE	INJECTABLES/OTHER DRUGS	NonFacility	$ 980.50
J1745	00	INJECTION INFLIX	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	NonFacility	$ 71.35
J2323	00	INJECTION NATAL	INJECTABLES/OTHER DRUGS	NonFacility	$ 13.97
J2505	00	INJECTION PEGFIL	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	NonFacility	$ 3307.54
J2778	00	INJECTION RANIBI	INJECTABLES/OTHER DRUGS	NonFacility	$ 397.01
J9035	00	INJECTION BEVACI	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	NonFacility	$ 65.58
J9263	00	INJECTION OXALIP	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	NonFacility	$ 0.56
J9305	00	INJECTION PEMETR	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	NonFacility	$ 59.96
J9310	00	INJECTION, RITUX	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	NonFacility	$ 693.90
J9355	00	INJECTION, TRAST	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	NonFacility	$ 80.64

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): $ 46.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS
Last Routine Maintenance Update: 07-01-2014

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 payor. 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.

UnitedHealthcare

Payment Appendix
Fee Information Document
Charter

Representative Fee Schedule Sample: as of 07/01/2014
Report Date: 08/08/2014

Fee Schedule ID: REGN 99242 - NonFacility

Linked Fee Schedule ID: REGN 99243 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
59400	00	OB CARE ANTEPART	OBSTETRICS - GLOBAL	Facility	$ 2907.66
59510	00	OB ANTEPARTUM CA	OBSTETRICS - GLOBAL	Facility	$ 3214.03
66984	00	CATARACT REMOVAL	SURGERY - EYE & OCULAR ADNEXA	Facility	$ 902.98
77418	00	INTENS MOD TX DE	RADIOLOGY - RADIATION THERAPY	Facility	$ 506.94
88305	00	LEVEL IV SURG PA	LAB - PATHOLOGY	Facility	$ 42.05
88305	26	LEVEL IV SURG PA	LAB - PATHOLOGY	Facility	$ 22.04
88305	TC	LEVEL IV SURG PA	LAB - PATHOLOGY	Facility	$ 20.01
90460	00	IM ADM THRU 18YR	MEDICINE - IMMUNIZATION ADMINISTRATION	Facility	$ 34.96
90649	00	HUMAN PAPILLOMA	IMMUNIZATIONS	Facility	$ 169.66
90670	00	PNEUMOCOCCAL CON	IMMUNIZATIONS	Facility	$ 162.96
92014	00	OPHTH MEDICAL XM	MEDICINE - OPHTHALMOLOGY	Facility	$ 108.55
93306	00	ECHO TTHRC R-T 2	MEDICINE - CARDIOVASCULAR	Facility	$ 266.22
93306	26	ECHO TTHRC R-T 2	MEDICINE - CARDIOVASCULAR	Facility	$ 83.72
93306	TC	ECHO TTHRC R-T 2	MEDICINE - CARDIOVASCULAR	Facility	$ 172.50
99203	00	OFFICE OUTPATIEN	EVALUATION & MANAGEMENT	Facility	$ 101.66
99204	00	OFFICE OUTPATIEN	EVALUATION & MANAGEMENT	Facility	$ 173.42
99205	00	OFFICE OUTPATIEN	EVALUATION & MANAGEMENT	Facility	$ 222.64
99212	00	OFFICE OUTPATIEN	EVALUATION & MANAGEMENT	Facility	$ 33.12
99213	00	OFFICE OUTPATIEN	EVALUATION & MANAGEMENT	Facility	$ 67.16
99214	00	OFFICE OUTPATIEN	EVALUATION & MANAGEMENT	Facility	$ 103.50
99215	00	OFFICE OUTPATIEN	EVALUATION & MANAGEMENT	Facility	$ 145.82
99222	00	INITIAL HOSPITAL	EVALUATION & MANAGEMENT	Facility	$ 182.16
99223	00	INITIAL HOSPITAL	EVALUATION & MANAGEMENT	Facility	$ 267.72
99232	00	SBSQ HOSPITAL CA	EVALUATION & MANAGEMENT	Facility	$ 94.76
99233	00	SBSQ HOSPITAL CA	EVALUATION & MANAGEMENT	Facility	$ 136.62
99244	00	OFFICE CONSULTAT	EVALUATION & MANAGEMENT	Facility	$ 201.48
99283	00	EMERGENCY DEPART	EVALUATION & MANAGEMENT	Facility	$ 80.96
99284	00	EMERGENCY DEPART	EVALUATION & MANAGEMENT	Facility	$ 155.02
99285	00	EMERGENCY DEPT V	EVALUATION & MANAGEMENT	Facility	$ 226.78
99291	00	CRITICAL CARE IL	EVALUATION & MANAGEMENT	Facility	$ 294.40
99308	00	SBSQ NURSING FAC	EVALUATION & MANAGEMENT - NURSING FACILITY SVCS	Facility	$ 91.55
99309	00	SBSQ NURSING FAC	EVALUATION & MANAGEMENT - NURSING FACILITY SVCS	Facility	$ 120.06
99391	00	PERIODIC PREVENT	EVALUATION & MANAGEMENT - PREVENTIVE	Facility	$ 92.47
99392	00	PERIODIC PREVENT	EVALUATION & MANAGEMENT - PREVENTIVE	Facility	$ 101.66
99395	00	PERIODIC PREVENT	EVALUATION & MANAGEMENT - PREVENTIVE	Facility	$ 117.76
99396	00	PERIODIC PREVENT	EVALUATION & MANAGEMENT - PREVENTIVE	Facility	$ 128.33
99397	00	PERIODIC PREVENT	EVALUATION & MANAGEMENT - PREVENTIVE	Facility	$ 135.24
G0202	00	SCR MAMMO PRODUC	RADIOLOGY - MAMMOGRAPHY	Facility	$ 152.69
G0202	26	SCR MAMMO PRODUC	RADIOLOGY - MAMMOGRAPHY	Facility	$ 38.17
G0202	TC	SCR MAMMO PRODUC	RADIOLOGY - MAMMOGRAPHY	Facility	$ 114.52
J0178	00	INJECTION AFLIBE	INJECTABLES/OTHER DRUGS	Facility	$ 980.50
J1745	00	INJECTION INFLIX	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	Facility	$ 71.35
J2323	00	INJECTION NATAL	INJECTABLES/OTHER DRUGS	Facility	$ 13.97
J2505	00	INJECTION PEGFIL	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	Facility	$ 3307.54
J2778	00	INJECTION RANIBI	INJECTABLES/OTHER DRUGS	Facility	$ 397.01
J9035	00	INJECTION BEVACI	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	Facility	$ 65.58
J9263	00	INJECTION OXALIP	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	Facility	$ 0.56
J9305	00	INJECTION PEMETR	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	Facility	$ 59.96
J9310	00	INJECTION, RITUX	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	Facility	$ 693.90
J9355	00	INJECTION, TRAST	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	Facility	$ 80.64

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): $ 46.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS
Last Routine Maintenance Update: 07-01-2014

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
Fee Information Document
Charter

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:

[(Value of 15 minute Anesthesia Conversion Factor / 15) * 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).

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:
Proration: Partial time units will be prorated and calculated to one decimal place rounded to the nearest tenth. 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 to the nearest tenth and the total time units for the claim will be 1.1 time units.

In the event that any of United's claims systems cannot administer the calculation of partial units 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 Proration method described above.

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 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.

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 2013 RVU, the 2013 Conversion Factor, and the 2013 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 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.

For Immunizations, United applies the UHC Immunization Fee Schedule. The Centers for Disease Control and Prevention Private Sector Selling Price (CDC PSSP) is the Primary Fee Source used to obtain the Fee Basis amounts. In the event that more than one Fee Basis amount is published by the CDC PSSP for a specific CPT/HCPCS code, an average of the published amounts will be used.

More information about the UHC Immunization Fee Schedule can be located at: www.unitedhealthcareonline.com >> Claims & Payments > Fee Schedule Lookup > Related Links "UHC Immunization Fee Schedule"

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.

Colorado Regulatory Requirements Appendix

This Colorado Regulatory Requirements Appendix (the "Appendix") is made part of the agreement ("Agreement") entered into between **UnitedHealthcare Insurance Company,** contracting on behalf of itself, the entities named in the agreement, and the other entities that are United's Affiliates (collectively referred to as "United") and the health care professional or entity named in the Agreement ("Provider").

This Appendix applies to all health maintenance organization and health insurance products or benefit plans sponsored, issued or administered by or accessed through United to the extent such products are regulated under Colorado law; provided, however, that the requirements in this Appendix will not apply to the extent they are preempted by the Medicare Modernization Act or other applicable law.

United and Provider each agree to be bound by the terms and conditions contained in this Appendix. In the event of a conflict or inconsistency between this Appendix and any term or condition contained in the Agreement, this Appendix shall control, except with regard to Benefit Plans outside the scope of this Appendix.

If any of the capitalized terms in this Appendix are used or defined (or the equivalent terms are used or defined) in the Agreement, then the terms used in this Appendix will have the same meaning as the terms (or equivalent terms) used or defined in the Agreement. For example, "Benefit Plans," as used in this Appendix, will have the same meaning as "benefit contracts"; "Customer," as used in this Appendix, will have the same meaning as "member," "enrollee," or "covered person"; "Payer," as used in this Appendix, will have the same meaning as "participating entity"; "Provider," as used in this Appendix, will have the same meaning as "Facility," "Medical Group," "Ancillary Provider," "Physician," or "Practitioner." Additionally, if the Agreement uses pronouns to refer to the contracted entities, then "United" will have the same meaning as "we" or "us," and "Provider" will have the same meaning as "you" or "your."

This Appendix will be deemed to be updated to incorporate any changes to the laws and regulations referenced herein, including any changes to definitions referenced herein, effective as of the date of such changes.

Unless otherwise defined in this Appendix, all capitalized terms contained in the Appendix shall be defined as set forth in the Agreement.

Provisions applicable to health insurance and health maintenance organization benefit contracts:

1. **Non-discrimination.** Provider shall provide Covered Services to all Customers as Provider's patient load and appointment calendar permit and shall accept Customers as new patients on the same basis as Provider is accepting non-Customers as new patients without regard to race, religion, gender, color, national origin, age, physical or mental health status, health insurance status, or on any other basis deemed unlawful under federal, state or local law. Provider also shall not discriminate, with respect to the provision of medically necessary covered benefits, against Customers that are participants in a publicly financed program.

2. **Standing Referral.** United and Provider agree that if a Customer needs ongoing care from a specialist or a specialized treatment center, United or Payer shall authorize for the Customer a standing referral to such specialist or specialized treatment center for such specialty care. A standing referral shall be authorized by United or Payer if the Customer's primary physician, in consultation with the specialist or a specialized treatment center and the Customer, determines that the Customer needs

ongoing care from the specialist or the specialized treatment center. In no event shall United or Payer be required to permit a Customer to elect to have a provider that does not participate in United's network as a specialist or specialized treatment center. The standing referral shall be for a time period of up to one (1) year. A standing referral for a time period of more than one (1) year shall be authorized by United or Payer if the primary physician, in consultation with the specialist or the specialized treatment center, determines a period of time longer than one (1) year is warranted. During the period of the standing referral, the specialist or specialized treatment center must refer the Customer back to the primary physician for primary care. In order for the specialist or the specialized treatment center to be reimbursed by the Payer, the specialty care must be services and supplies covered by the Customer's Benefit Plan and provided in a manner consistent with that Benefit Plan. The primary physician shall record the reason, diagnosis, or treatment plan necessitating the standing referral.

United or an entity that contracts with United shall not penalize a primary physician who makes a standing referral of a Customer to a specialist, nor shall the specialist treating the Customer be penalized, with actions that include but are not limited to disincentives or disaffiliation, except for violations of Colorado Revised Statutes, Section 10-1-128.

3. Continuity of Care.

(a) Provider agrees that in the event this Agreement is terminated by United without cause and proper notice has not been provided to Customers, Provider shall continue the provision of Covered Services to Customers for sixty (60) days from the date Provider is terminated by United.

(b) Provider agrees that in the event a Customer's Benefit Plan is terminated for any reason other than nonpayment of premium, fraud or abuse, Provider shall continue the provision of Covered Services to a Customer who remains confined in an inpatient facility on and after the effective date of such termination until the Customer is discharged. Provider shall be reimbursed in accordance with this Agreement for all such Covered Services rendered subsequent to the termination of the Customer's Benefit Plan.

4. Communication. United encourages Provider to discuss with Customers treatment options and their associated risks and benefits, regardless of whether the treatment is covered under the Customer's Benefit Plan. Nothing in this Agreement is intended to interfere with Provider's relationship with Customers as patients of Provider, or with United's ability to administer its quality improvement, Care Coordination℠, utilization management, and credentialing programs.

(a) Provider shall not be prohibited from protesting or expressing disagreement with a medical decision, medical policy, or medical practice of United or an entity representing or working for United (e.g., a utilization review company).

(b) United or an entity representing or working for United, shall not be prohibited from protesting or expressing disagreement with a medical decision, medical policy, or medical practice of any provider covered by this Agreement.

(c) United shall not terminate this Agreement because Provider expresses disagreement with a decision by United or an entity representing or working for United to deny or limit benefits to a Customer, or because Provider discusses with a current, former, or prospective patient any aspect of the patient's medical condition, any proposed treatments or treatment alternatives, whether covered by the Customer's Benefit Plan or not, policy provisions of a Customer's

Benefit Plan, or Provider's personal recommendation regarding selection of a health plan based on Provider's personal knowledge of the health needs of such patients.

(d) United shall not penalize Provider because Provider, in good faith, reports to state or federal authorities any act or practice by United that jeopardizes patient health or welfare, or because Provider discusses the financial incentives or financial arrangements between Provider and United.

(e) Notwithstanding subsections (a) through (c) above, United prohibits Provider from making, publishing, disseminating, or circulating directly or indirectly or aiding, abetting, or encouraging the making, publishing, disseminating, or circulating of any oral or written statement or any pamphlet, circular, article, or literature that is false or maliciously critical of United and calculated to injure United.

5. Hold Harmless. Provider agrees that in no event, including but not limited to nonpayment by Payer, insolvency of United or breach of this Agreement, shall Provider bill, charge, collect a deposit from, seek compensation, remuneration or reimbursement from, or have any recourse against a Customer or persons (other than United or Payer) acting on the Customer's behalf for Covered Services provided pursuant to this Agreement. This provision does not prohibit Provider from collecting supplemental charges or co-payments or fees for uncovered services delivered on a 'fee-for-service' basis to a Customer.

Provider agrees that this provision shall survive the termination of this Agreement for Covered Services rendered prior to the termination of this Agreement regardless of the cause giving rise to termination and shall be construed to be for the benefit of the Customer. This provision is not intended to apply to services provided after this Agreement has been terminated.

Provider agrees that this provision supersedes any oral or written contrary agreement now or existing hereafter entered into between Provider and the Customer or persons acting on his/her behalf insofar as such contrary agreement relates to liability for payment of services provided under the terms and conditions of this Agreement.

Any modification, addition, or deletion to this provision shall become effective on a date no earlier than thirty (30) days after the Colorado Commissioner of Insurance has received written notification of proposed changes.

6. Prompt Payment of Claims. A "clean claim" means a claim for payment of health care expenses that is submitted to United on a uniform claim form (CMS-1500 and CMS1450, otherwise known as Form UB-04) adopted pursuant to Section 10-16-106.3 of the Colorado Revised Statutes with all required fields completed with correct and complete information in accordance with uniform elements specified under Colorado law. A claim requiring additional information shall not be considered a "clean claim" and shall be paid, denied, or settled as set forth below. "Clean claim" does not include a claim for payment of expenses incurred during a period of time for which premiums are delinquent, except to the extent otherwise required by law.

Clean claims shall be paid, denied, or settled within thirty (30) calendar days after receipt by United if submitted electronically and within forty-five (45) calendar days after receipt by United if submitted by any other means.

If the resolution of a claim requires additional information, United shall, within thirty (30) calendar days after receipt of the claim, give Provider or Customer, as appropriate, a full explanation in writing of what

additional information is needed to resolve the claim, including any additional medical or other information related to the claim. The person receiving a request for such additional information shall submit all additional information requested by United within thirty (30) calendar days after receipt of such request. Notwithstanding any provision of an indemnity policy to the contrary, United or Payer may deny a claim if Provider receives a request for additional information and fails to timely submit the additional information requested, subject to resubmission of the claim or the appeals process. If such person has provided all such additional information necessary to resolve the claim, the claim shall be paid, denied or settled by United or Payer within the applicable time period set forth in the following paragraph.

Absent fraud, all claims except those described in the second paragraph of this Section shall be paid, denied, or settled within ninety (90) calendar days after receipt by United.

7. **Assignment**. The rights and responsibilities under this Agreement shall not be assigned or delegated by Provider without the prior written consent of United.

8. **Termination.** This Agreement may be terminated as follows:

(a) by United upon thirty (30) days prior written notice in the event Provider materially misrepresents the provisions, terms, or requirements of United's products.

(b) by United or Provider, if the Agreement permits a without cause termination, upon advance written notice in the form and for the length of time provided in the Agreement, but in no case upon less than sixty (60) days written notice. In such an event, United shall make a good faith effort to provide, within fifteen (15) business days after receipt of or issuance of a notice of termination, written notice of such termination to all Customers that are patients seen on a regular basis by a Provider whose contract is terminating, regardless of whether the termination was for cause or without cause. Where a termination involves a primary care physician, all Customers who are patients of that primary care physician shall also be notified. Within five (5) business days after the date that Provider either gives or receives notice of termination, Provider shall supply United with a list of those patients of Provider who are covered by a plan of United.

(c) If Provider is a "Health care provider" as defined by C.R.S. § 25-37-102 and if the Agreement has a duration of less than two (2) years, United or Provider may terminate the Agreement without cause upon advanced written notice in the form and for the length of time provided in the Agreement, but in no case upon less than ninety (90) days written notice.

(d) If Provider is a "Health care provider" as defined by C.R.S. § 25-37-102, in accordance with section 13 of this Appendix.

9. **Claims Processing Functions.** Any contract providing for the performance of claims processing functions by an entity with which United contracts shall require such entity to comply with Colorado Revised Statutes, Section 10-16-106.5 (3), (4), and (5).

10. **Intermediaries.** For each and every contract which an intermediary negotiates and executes with United, on behalf of the providers covered by the intermediary: (a) No individual or group of providers covered by the contract shall be prohibited from protesting or expressing disagreement with a medical decision, medical policy, or medical practice of United or an entity representing or working for United (e.g., a utilization review company); (b) United or an entity representing or working for United shall not be prohibited from protesting or expressing disagreement with a medical decision, medical

policy, or medical practice of an individual or group of providers covered by the contract; and (c) United shall not terminate any contract executed by an intermediary because any individual or group of providers covered by the contract (i) expresses disagreement with a decision by United or an entity representing or working for United to deny or limit benefits to a Customer, or (ii) assists the Customer to seek reconsideration of United's decision, or (iii) discusses with a current, former, or prospective patient any aspect of the patient's medical condition, any proposed treatments or treatment alternatives, whether covered by United or not, policy provisions of a plan, or a provider's personal recommendation regarding selection of a health plan based on Provider's personal knowledge of the health needs of such patients.

As required by C.R.S. 10-16-705, an intermediary must comply with the same standards, guidelines, medical policies, and benefit terms of United and Payers. Furthermore, an intermediary must indicate the name of the intermediary and United or Payer when making any payment to Provider on behalf of United or a Payer.

11. Adjustments to Claims. Provider, Payer and United shall comply with the requirements set forth in Colorado Revised Statutes 10-16-704 (4.5) with regard to making adjustments to claims. Such requirements shall include, but not be limited to, (a) the requirement that such adjustments be made within the time period set forth in the contract between Provider and United; provided, however, that such time period shall be the same for Provider and United and (b) shall not exceed twelve (12) months after the date of the original explanation of benefits, except as otherwise set forth in Colorado Revised Statutes 10-16-704 (4.5).

12. Fee Schedule Maintenance. United will implement routine and non-routine fee schedule changes in accordance with the Agreement. Routine updates to a fee schedule or compensation consistent with the methodology described in the Agreement shall be made after the date of publication of the source which causes a change in payment methodology; such changes are generally made within 90 days from the date of such publication. United will comply with the requirements of C.R.S. § 25-37-104 for fee schedule changes that are "Material Changes" as defined by C.R.S. § 25-37-102.

13. Material Change to Contract. This section is applicable to "Health care providers" and "Material Changes" as those terms are defined by C.R.S. § 25-37-102. United shall give a Provider ninety (90) days notice of a Material Change to the Agreement in accordance with C.R.S. § 25-37-104. Provider may object to the Material Change within 15 days, and if there is no resolution of the objection, either party may terminate this Agreement upon written notice of termination provided to the other party no later than sixty (60) days before the effective date of the Material Change. If a Material Change is the addition of a new Category of Coverage, as defined by C.R.S. §25-37-102, the Provider may object to the Material Change, and such change will not take effect as it pertains to Provider; the objection shall not be a basis by which either party may terminate this Agreement.

14. Waiver. This section is applicable to "Health care providers" as defined by C.R.S. § 25-37-102. United shall not require a Provider, as a condition of contracting, to waive or forego any rights or benefits to which they may be entitled under state or federal law or regulation that provides legal protections to a person solely based on the person's status as a health care provider providing health care services.

15. Enforcement of Article 37-Contract with Health Care Providers. This section is applicable to "Health care providers" as defined by C.R.S § 25-37-102. With respect to the enforcement of C.R.S. § 25-37-101 and pursuant to C.R.S. § 25-37-114, the parties shall have available: (1) binding arbitration; (2) private rights of action at law and in equity; (3) equitable relief, including injunctive relief; (4) reasonable attorney fees when a Provider is the prevailing parting in an action to enforce C.R.S. § 25-37-101, except to the extent that the violation consists of a mere failure to make payment to Provider

pursuant to this Agreement; (5) the option to introduce as persuasive authority prior arbitration awards regarding a violation of C.R.S. § 25-37-101.

This Agreement does not preclude its use or disclosure to a third party for the purpose of enforcing C.R.S. § 25-37-101. The third party shall be bound by the confidentiality requirements set forth in the Agreement. Any arbitration awards related to the enforcement of C.R.S. § 25-37-101 may be disclosed to those who have a bona fide interest in the arbitration.

16. Dispute Resolution. United and Provider, as applicable, will comply with the resolution of disputes procedures as required by C.R.S. § 10-16-705 and 3 CCR 702-4 (4-2-23, as amended).

Provisions applicable to health maintenance organization benefit contracts:

1. Confidentiality. Any data or information pertaining to the diagnosis, treatment, or health of any Customer or applicant obtained from such person or from any Provider by United shall be held in confidence and shall not be disclosed to any person except to the extent that it may be necessary to carry out the purposes of any applicable law; or upon the express consent of the Customer or applicant; or pursuant to statute or court order for the production of evidence or the discovery thereof; or in the event of claim or litigation between such person and United wherein such data or information is pertinent. United shall be entitled to claim any statutory privileges against such disclosure which Provider, who furnished such information to United, is entitled to claim.

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 Professional(s) (First Name, MI, Last Name)	Degree (MD, DO, NP, PA, other)	Male or Female (M/F)	Provider Specialty(ies) 1) Primary 2) Secondary	State License #	Medicaid ID #	NPI #	Foreign Language(s) Spoken	Admitting Hospital(s)
			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)
			1) 2)					1) 2)

Click here to attach a complete roster:

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**.

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Physician and provider demographic change submission form

Please use this form for demographic changes or to update your NPI information.

Please ensure that ALL pertinent information is completed as we will be unable to process incomplete forms. Complete all information pertaining to your practice. Fields with an asterisk* are required.

Please reference the Table on page 3. UnitedHealthcare and its affiliates/alliances are listed by Fax Number/State. Please fax your completed form to the appropriate fax number.

Section I Group demographics

Practice/Organization Name _____ Current Tax ID (TIN) _____

National Provider Identifier _____ Date issued ___ / ___ / ___

Medicaid ID number _____

Please refer to Section III (page 2) of this fax form for taxonomy code definitions

*Please list your NUCC Taxonomy Code(s) 1) _____ 2) _____ 3) _____ 4) _____ 5) _____

Basis for NPI (applies to organizations only, select only 1 per NPI):
☐ Provider Name ☐ Tax ID only (entity whose name is in the W-9 form) ☐ License Number ☐ NUCC Taxonomy Code
☐ Place of Service Address ☐ Department ☐ Other (please explain)

☐ Please check here if you have **multiple NPIs** representing your Practice or Organization.
Refer to **Section III** (page 2) of this fax form.

Name of individual completing this form _____

Telephone ( ) _____ Email _____

Section II Practice/Organization information changes

☐ The new tax ID number is: _____ *Effective _____ (please attach a copy of the W-9)

☐ We have moved. Our new address is effective _____

This new address is a: ☐ Practice Address ☐ Billing Address ☐ Both Practice & Billing Address ☐ Correspondence Address

Should this new address print in the directory? ☐ Yes ☐ No

New	**Old**
Telephone	Telephone
Fax	Fax
Email	Email

☐ We have changed our practice name to: _____ *Effective _____

☐ These physicians/health care providers have left our practice (please provide the effective date and reason for leaving):

☐ These physicians/health care providers have joined our practice effective _____. (please attach a copy of the W-9)

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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.

NPI collection grid

In the grid below please insert your Organization or Sub-Part NPI Number, Name, and Taxonomy Code(s) associated with that NPI. Please indicate the basis for that particular NPI with the appropriate letter from the grid above in the "Basis for NPI" column. Indicate the appropriate 'Level Information'. If the number of NPIs exceeds this sheet, please use the formatted spreadsheet (NPI Tracking Template) available on UnitedHealthcareOnline.com > Most Visited > National Provider Identifier (NPI) > Multiple NPI Submission Fax Form to list your NPIs.

NPI Number	Organization / Sub-Part Name	Taxonomy Code (Codes associated with each individual NPI)	Basis For NPI	Level Information	NPI Issue Date MM/DD/YYYY

Name of individual completing this form

Telephone ( ) Email

Please fax your completed form to the appropriate fax number below.

UnitedHealthcare and its affiliates/alliances	Fax number	States (if applicable)
Mid Atlantic Health Plan	1-855-265-8686	MD, VA, WV, DC, DE,
Harvard Pilgrim Health Care Medica	1-855-264-7582	
Neighborhood Health Partnership	1-855-263-9590	
UnitedHealthcare Plan of the River Valley, Inc.	1-855-263-9590	
UnitedHealthcare WEST *(Formerly known as PacifiCare Health Plan)*	1-855-314-6844	
UnitedHealthcare/Oxford	1-855-312-1651	NY, NJ, CT (excludes Upstate NY and Empire Health Plan)
UnitedHealthcare	1-855-773-3156	AL, AK, AR, AZ, CO, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MA (New England), MI, MO, MS, MT, NC, NE, NH, NV, NM, OH, OK, OR, PA, PR, RI, SC, SD, TN, TX, UNY(Upstate NY), Empire (Mkts 99318, 99309, 99310), UT, VI, VT, WA, WI, WY

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