

**SUBMITTAL TO THE BOARD OF SUPERVISORS  
COUNTY OF RIVERSIDE, STATE OF CALIFORNIA**

233



**FROM:** Riverside County Regional Medical Center

**SUBMITTAL DATE:**  
July 26, 2011

**SUBJECT:** Professional Services Agreements for Durable Medical Equipment (DME), Home Infusion, Nutrition Services for Riverside County

**RECOMMENDED MOTION:** Move that the Board of Supervisors:

- 1) Approve and authorize the Chairman of the Board to sign the Professional Services Agreements with the following Contractors to provide DME, Home Infusion, Nutrition services for Riverside County, for the period between July 1, 2011 through June 30, 2012, with the option to renew each year continuing up to the program expiration date of December 31, 2013 not to exceed the aggregate amount of \$700,000 annually: Apria Healthcare, Diamond Respiratory Care, Inc., and LifeCare Solutions, Inc.
- 2) Authorize the Purchasing Agent to move dollars between these agreements as needs dictate as long as the aggregate amount does not exceed \$700,000 annually; and
- 3) Authorize the Purchasing Agent, in accordance with Ordinance No. 459, to exercise renewal options, based on the availability of fiscal funding, and to sign amendments that do not change the substantive terms of the agreement up to ten percent the maximum contract amount.

*Douglas D. Bagley*  
Douglas D. Bagley, Hospital Director

<b>FINANCIAL DATA</b>	Current F.Y. Total Cost:	\$700,000	In Current Year Budget:	Yes
	Current F.Y. Net County Cost:	\$ 0	Budget Adjustment:	No
	Annual Net County Cost:	\$ 0	For Fiscal Year:	2011/2012

<b>SOURCE OF FUNDS:</b> 50% Medi-Cal; 18% County General Fund; and 32% Realignment	<b>Positions To Be Deleted Per A-30</b>	<input type="checkbox"/>
	<b>Requires 4/5 Vote</b>	<input type="checkbox"/>

**C.E.O. RECOMMENDATION:**

APPROVE

BY: *Debra Cournoyer*  
Debra Cournoyer

**County Executive Office Signature**

**MINUTES OF THE BOARD OF SUPERVISORS**

On motion of Supervisor Buster, seconded by Supervisor Ashley and duly carried, IT WAS ORDERED that the above matter is approved as recommended.

Ayes: Buster, Tavaglione, Stone and Ashley  
Nays: None  
Absent: Benoit  
Date: September 27, 2011  
xc: RCRMC, Purchasing

Kecia Harper-Ihem  
Clerk of the Board  
By: *[Signature]*  
Deputy

FORM APPROVED BY COUNTY COUNSEL  
BY: NEAL R. KIPNIS  
DATE: *[Signature]*  
Departmental Concurrence  
Purchasing: Mark Seiler, Assistant Director  
Dep't Recomm.: ☐ Consent ☒ Policy  
Per Exec. Ofc.: ☐ Consent ☒ Policy

**SUBJECT:** Professional Services Agreements for Durable Medical Equipment (DME), Home Infusion, Nutrition Services for Riverside County

**BACKGROUND:**

As of January 2011, the Department of Health Care Services (DHCS) released program notifications to all eligible entities to participate in the Low Income Health Program (LIHP), which provides entities the opportunity to help build the bridge to the health care reforms of 2014. The LIHP consists of the Medicaid Coverage Expansion (MCE) and the Health Care Coverage Initiative (HCCI) programs. These programs provide health care benefits to eligible persons in accordance with the Welfare & Institutions Code (WIC) Section 15909 - 15915 (Chapter 723, Statutes of 2010, Assembly Bill 342), and the Special Terms and Conditions (STCs) of the federal section 1115(a) California Bridge to Reform Demonstration. RCRMC in conjunction with other Riverside County departments partnered with Inland Empire Health Plan (IEHP) in administering the service to help implement the requirements of LIHP. Through this collaborative partnership, the requirements for the LIHP were incorporated in the Riverside County Health Care (RCHC) plan. RCHC is Riverside County's new health plan to help bridge to the health care reforms of 2014. Currently, the hospital serves over 27,000 uninsured patients. RCHC anticipates providing services to approximately 22,000 eligible enrollees who will include patients of Community Health Agency (CHA), Department of Mental Health (DMH), and Department of Public Social Services (DPSS).

In an effort to provide eligible patients the opportunity to utilize the service through RCHC, County Purchasing released a Request for Quote/Qualification (RFQ MCARC162), to secure durable medical equipment (DME), home infusion and nutrition services for ambulatory and non-ambulatory patients throughout Riverside County. Solicitations were sent to (38) thirty-eight prospective vendors specializing in this service and advertised on the County's Internet/Website. Ten bids were received and evaluated. The bids were reviewed based on the bidder's overall responsiveness to the RFQ requirements, the ability to provide and deliver services to patients residing throughout Riverside County, and the bidder's rate(s) as it compares to Medi-Cal allowable rates.

After careful consideration, and because no one supplier has the ability to meet all the County requirements for providing DME, home infusion, and nutrition services throughout Riverside County, the evaluation team selected to award contracts to the three most responsive/responsible bids based on their response to timely delivery of service; their ability to provide services throughout Riverside County; their experience in providing services; and their proposed rates. Sorted in alphabetical order, Apria Healthcare, Inc., Diamond Respiratory Care, Inc. and LifeCare Solutions, Inc. were determined as the top three most responsive/responsible vendors able and capable of providing these needed services.

**PRICE REASONABLENESS:**

All ten bids offered rates comparable to Medi-Cal allowable rates. Of the three most responsive/responsible bids, Diamond Respiratory Care, Inc. offered the lowest rates followed by LifeCare Solutions then Apria Healthcare. All three exemplified the most flexibility with delivery schedule and all equally met or were less than the cost requirement. Diamond Respiratory Care and LifeCare Solutions have customized rate schedules which offer discounted rates between 10% - 30% lower than the current Medi-Cal rates for RT/DME coded services, while Apria demonstrated they have a wide variety of DME equipment available and are able to provide services throughout Riverside County.

**FINANCIAL IMPACT:**

50% Medi-Cal; 18% County General Fund; and 32% Realignment. Based on program enrollment, a budget adjustment may be needed mid-fiscal year to reallocate funds as the program develops.

**REVIEW/APPROVAL:**

County Counsel and County Purchasing

**PROFESSIONAL SERVICE AGREEMENT**

**for**

**DURABLE MEDICAL EQUIPMENT (DME), HOME INFUSION, NUTRITION SERVICES**

**between**

**COUNTY OF RIVERSIDE**

**and**

**DIAMOND RESPIRATORY CARE, INC.**



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This Agreement, made and entered into this 1<sup>st</sup> day of July, 2011, by and between **Diamond Respiratory Care, Inc.**, (herein referred to as "CONTRACTOR"), and the COUNTY OF RIVERSIDE, a political subdivision of the State of California, (herein referred to as "COUNTY"). The parties agree as follows:

**1. Description of Services**

**1.1** CONTRACTOR shall provide all services as outlined and specified in **Exhibit A**, Scope of Services, at the prices stated in **Exhibit B**, Payment Provisions, and **Attachment 1**, HIPAA Business Associate Attachment to the Agreement.

**1.2** CONTRACTOR represents that it has the skills, experience and knowledge necessary to fully and adequately perform under this Agreement and the COUNTY relies upon this representation. CONTRACTOR shall perform to the satisfaction of the COUNTY and in conformance to and consistent with the highest standards of firms/professionals in the same discipline in the State of California.

**1.3** CONTRACTOR affirms this it is fully apprised of all of the work to be performed under this Agreement; and the CONTRACTOR agrees it can properly perform this work at the prices stated in Exhibit B. CONTRACTOR is not to perform services or provide products outside of the Agreement.

**1.4** Acceptance by the COUNTY of the CONTRACTOR's performance under this Agreement does not operate as a release of CONTRACTOR's responsibility for full compliance with the terms of this Agreement.

**2. Period of Performance**

**2.1** This Agreement shall be effective July 1, 2011 and continue in effect through June 30, 2012, with the option to renew for two additional one-year periods renewable in one year increments by written amendment, unless terminated earlier. CONTRACTOR shall commence performance upon signature of this Agreement by both parties and shall diligently and continuously perform thereafter.

**3. Compensation**

**3.1** The COUNTY shall pay the CONTRACTOR for services performed, products provided and expenses incurred in accordance with the terms of Exhibit B, Payment Provisions. Maximum payments by COUNTY to CONTRACTOR shall not exceed seven hundred thousand dollars (\$700,000) annually including all expenses. The COUNTY is not responsible for any fees or costs incurred above or beyond the contracted amount and shall have no obligation to purchase any specified

amount of services or products. Unless otherwise specifically stated in Exhibit B, COUNTY shall not be responsible for payment of any of CONTRACTOR's expenses related to this Agreement.

**3.2** CONTRACTOR rates shall not exceed Medi-Cal Allowable rates.

**3.3** CONTRACTOR shall be paid only in accordance with an invoice submitted to COUNTY by CONTRACTOR within fifteen (15) days from the last day of each calendar month, and COUNTY shall pay the invoice within thirty (30) working days from the date of receipt of the invoice. Payment shall be made to CONTRACTOR only after services have been rendered or delivery of materials or products, and acceptance has been made by COUNTY. Prepare invoices in duplicate. For this Agreement, send the original and duplicate copies of invoices to:

**Riverside County Health Care**

**PO Box 11759**

**San Bernardino, CA 92423-1759**

- a) Each invoice shall contain a minimum of the following information: Patient Name, Patient ID#, Patient Date of Birth, HCFA 1500 Form or its successor to include Authorization #; item descriptions, unit prices, quantity, and an invoice total.
- b) Invoices shall be rendered monthly in arrears.

**3.4** The COUNTY obligation for payment of this Agreement beyond the current fiscal year end is contingent upon and limited by the availability of COUNTY funding from which payment can be made. No legal liability on the part of the COUNTY shall arise for payment beyond June 30 of each calendar year unless funds are made available for such payment. In the event that such funds are not forthcoming for any reason, COUNTY shall immediately notify CONTRACTOR in writing; and this Agreement shall be deemed terminated, have no further force, and effect.

#### **4. Alteration or Changes to the Agreement**

**4.1** The Board of Supervisors and the COUNTY Purchasing Agent and/or his designee is the only authorized COUNTY representatives who may at any time, by written order, alter this Agreement. If any such alteration causes an increase or decrease in the cost of, or the time required for the performance under this Agreement, an equitable adjustment shall be made in the Agreement price or delivery schedule, or both, and the Agreement shall be modified by written amendment accordingly.

**4.2** Any claim by the CONTRACTOR for additional payment related to this Agreement shall be made in writing by the CONTRACTOR within 30 days of when the CONTRACTOR has or should have notice of any actual or claimed change in the work, which results in additional and

unanticipated cost to the CONTRACTOR. If the COUNTY Purchasing Agent decides that the facts provide sufficient justification, he may authorize additional payment to the CONTRACTOR pursuant to the claim. Nothing in this section shall excuse the CONTRACTOR from proceeding with performance of the Agreement even if there has been a change.

## **5. Termination**

**5.1.** COUNTY may terminate this Agreement without cause upon 30 days written notice served upon the CONTRACTOR stating the extent and effective date of termination.

**5.2** COUNTY may, upon five (5) days written notice, terminate this Agreement for CONTRACTOR's default, if CONTRACTOR refuses or fails to comply with the terms of this Agreement or fails to make progress to endanger performance and does not immediately cure such failure. In the event of such termination, the COUNTY may proceed with the work in any manner deemed proper by COUNTY.

**5.3** After receipt of the notice of termination, CONTRACTOR shall:

- (a) Stop all work under this Agreement on the date specified in the notice of termination; and
- (b) Transfer to COUNTY and deliver in the manner as directed by COUNTY any materials, reports or other products, which, if the Agreement had been completed or continued, would have been required to be furnished to COUNTY.

**5.4** After termination, COUNTY shall make payment only for CONTRACTOR's performance up to the date of termination in accordance with this Agreement and at the rates set forth in Exhibit B.

**5.5** CONTRACTOR's rights under this Agreement shall terminate (except for fees accrued prior to the date of termination) upon dishonesty or a willful or material breach of this Agreement by CONTRACTOR; or in the event of CONTRACTOR's unwillingness or inability for any reason whatsoever to perform the terms of this Agreement. In such event, CONTRACTOR shall not be entitled to any further compensation under this Agreement.

**5.6** The rights and remedies of COUNTY provided in this section shall not be exclusive and are in addition to any other rights and remedies provided by law or this Agreement.

**6. Ownership/Use of Contract Materials and Products**

The CONTRACTOR agrees that all materials, reports or products in any form, including electronic, created by CONTRACTOR for which CONTRACTOR has been compensated by COUNTY pursuant to this Agreement shall be the sole property of the COUNTY; and may be used by the COUNTY for any purpose COUNTY deems to be appropriate, including, but not limit to, duplication and/or distribution within the COUNTY or to third parties. CONTRACTOR agrees not to release or circulate in whole or part such materials, reports or products without prior written authorization of the COUNTY.

**7. Conduct of Contractor**

7.1 The CONTRACTOR covenants that it presently has no interest, including, but not limited to, other projects or contracts, and shall not acquire any such interest, direct or indirect, which would conflict in any manner or degree with CONTRACTOR's performance under this Agreement. The CONTRACTOR further covenants that no person or subcontractor having any such interest shall be employed or retained by CONTRACTOR under this Agreement. The CONTRACTOR agrees to inform the COUNTY of all the CONTRACTOR's interests, if any, which are or may be perceived as incompatible with the COUNTY's interests.

7.2 The CONTRACTOR shall not, under circumstances which could be interpreted as an attempt to influence the recipient in the conduct of his/her duties, accept any gratuity or special favor from individuals or firms with whom the CONTRACTOR is doing business or proposing to do business, in accomplishing the work under this Agreement.

7.3 The CONTRACTOR or its employees shall not offer gifts, gratuity, favors, and entertainment directly or indirectly to COUNTY employees.

**8. Inspection of Service; Quality Control/Assurance**

8.1 All performance (which includes services, workmanship, materials, supplies and equipment furnished or utilized in the performance of this Agreement) shall be subject to inspection and test by the COUNTY or other regulatory agencies at all times. The CONTRACTOR shall provide adequate cooperation to any inspector or other COUNTY representative to permit him/her to determine the CONTRACTOR's conformity with the terms of this Agreement. If any services performed or products provided by CONTRACTOR are not in conformance with the terms of this Agreement, the COUNTY shall have the right to require the CONTRACTOR to perform the services or provide the

products in conformance with the terms of the Agreement at no additional cost to the COUNTY. When the services to be performed or the products to be provided are of such nature that the difference cannot be corrected, the COUNTY shall have the right to: (1) require the CONTRACTOR immediately to take all necessary steps to ensure future performance in conformity with the terms of the Agreement; and/or (2) reduce the Agreement price to reflect the reduced value of the services performed or products provided. The COUNTY may also terminate this Agreement for default and charge to CONTRACTOR any costs incurred by the COUNTY because of the CONTRACTOR's failure to perform.

**8.2** CONTRACTOR shall establish adequate procedures for self-monitoring and quality control and assurance to ensure proper performance under this Agreement; and shall permit a COUNTY representative or other regulatory official to monitor, assess or evaluate CONTRACTOR's performance under this Agreement at any time upon reasonable notice to CONTRACTOR.

**9. Independent Contractor**

The CONTRACTOR is, for purposes relating to this Agreement, an independent contractor and shall not be deemed an employee of the COUNTY. It is expressly understood and agreed that the CONTRACTOR (including its employees, agents and subcontractors) shall in no event be entitled to any benefits to which COUNTY employees are entitled, including but not limited to overtime, any retirement benefits, worker's compensation benefits, and injury leave or other leave benefits. There shall be no employer-employee relationship between the parties; and CONTRACTOR shall hold COUNTY harmless from any and all claims that may be made against COUNTY based upon any contention by a third party that an employer-employee relationship exists by reason of this Agreement. It is further understood and agreed by the parties that CONTRACTOR in the performance of this Agreement is subject to the control or direction of COUNTY merely as to the results to be accomplished and not as to the means and methods for accomplishing the results.

**10. Subcontract for Work or Services**

No contract shall be made by the CONTRACTOR with any other party for furnishing any of the work or services under this Agreement without the prior written approval of the COUNTY; but this provision shall not require the approval of contracts of employment between the CONTRACTOR and personnel assigned under this Agreement, or for parties named in the proposal and agreed to under this Agreement.

## **11. Disputes**

**11.1** The parties shall attempt to resolve any disputes amicably at the working level. If that is not successful, the dispute shall be referred to the senior management of the parties. Any dispute relating to this Agreement, which is not resolved by the parties, shall be decided by the COUNTY's Purchasing Department's Compliance Contract Officer who shall furnish the decision in writing. The decision of the COUNTY's Compliance Contract Officer shall be final and conclusive unless determined by a court of competent jurisdiction to have been fraudulent, capricious, arbitrary, or so grossly erroneous as necessarily to imply bad faith. The CONTRACTOR shall proceed diligently with the performance of this Agreement pending the resolution of a dispute.

**11.2** Prior to the filing of any legal action related to this Agreement, the parties shall be obligated to attend a mediation session in Riverside County before a neutral third party mediator. A second mediation session shall be required if the first session is not successful. The parties shall share the cost of the mediations.

## **12. Licensing and Permits**

CONTRACTOR shall comply with all State or other licensing requirements, including but not limited to the provisions of Chapter 9 of Division 3 of the Business and Professions Code. All licensing requirements shall be met at the time proposals are submitted to the COUNTY. CONTRACTOR warrants that it has all necessary permits, approvals, certificates, waivers and exemptions necessary for performance of this Agreement as required by the laws and regulations of the United States, the State of California, the County of Riverside and all other governmental agencies with jurisdiction, and shall maintain these throughout the term of this Agreement.

## **13. Use By Other Political Entities**

The CONTRACTOR agrees to extend the same pricing, terms and conditions as stated in this Agreement to each and every political entity, special district, and related non-profit entity in Riverside County. It is understood that other entities shall make purchases in their own name, make direct payment, and be liable directly to the CONTRACTOR; and COUNTY shall in no way be responsible to CONTRACTOR for other entities' purchases.

**14. Non-Discrimination**

CONTRACTOR shall not be discriminate in the provision of services, allocation of benefits, accommodation in facilities, or employment of personnel on the basis of ethnic group identification, race, religious creed, color, national origin, ancestry, physical handicap, medical condition, marital status or sex in the performance of this Agreement; and, to the extent they shall be found to be applicable hereto, shall comply with the provisions of the California Fair Employment and Housing Act (Gov. Code 12900 et. seq), the Federal Civil Rights Act of 1964 (P.L. 88-352), the Americans with Disabilities Act of 1990 (42 U.S.C. S1210 et seq.) and all other applicable laws or regulations.

**15. Records and Documents**

CONTRACTOR shall make available, upon written request by any duly authorized Federal, State or COUNTY agency, a copy of this Agreement and such books, documents and records as are necessary to certify the nature and extent of the CONTRACTOR's costs related to this Agreement. All such books, documents and records shall be maintained by CONTRACTOR for at least five years following termination of this Agreement and be available for audit by the COUNTY. CONTRACTOR shall provide to the COUNTY reports and information related to this Agreement as requested by COUNTY.

**16. Confidentiality**

**16.1** The CONTRACTOR shall not use for personal gain or make other improper use of privileged or confidential information which is acquired in connection with this Agreement. The term "privileged or confidential information" includes but is not limited to: unpublished or sensitive technological or scientific information; medical, personnel, or security records; anticipated material requirements or pricing/purchasing actions; COUNTY information or data which is not subject to public disclosure; COUNTY operational procedures; and knowledge of selection of contractors, subcontractors or suppliers in advance of official announcement.

**16.2** The CONTRACTOR shall protect from unauthorized disclosure names and other identifying information concerning persons receiving services pursuant to this Agreement, except for general statistical information not identifying any person. The CONTRACTOR shall not use such information for any purpose other than carrying out the CONTRACTOR's obligations under this Agreement. The CONTRACTOR shall promptly transmit to the COUNTY all third party requests for disclosure of such information. The CONTRACTOR shall not disclose, except as otherwise

specifically permitted by this Agreement or authorized in advance in writing by the COUNTY, any such information to anyone other than the COUNTY. For purposes of this paragraph, identity shall include, but not be limited to, name, identifying number, symbol, or other identifying particular assigned to the individual, such as finger or voice print or a photograph.

**16.3** The CONTRACTOR is subject to and shall operate in compliance with all relevant requirements contained in the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Public Law 104-191, enacted August 21, 1996, and the related laws and regulations promulgated subsequent thereto.

**17. Administration/Contract Liaison**

The COUNTY Purchasing Agent, or designee, shall administer this Agreement on behalf of the COUNTY. Riverside County Regional Medical Center Contracts Administration is to serve as the liaison with CONTRACTOR in connection with this Agreement.

**18. Notices**

All correspondence and notices required or contemplated by this Agreement shall be delivered to the respective parties at the addresses set forth below and are deemed submitted two days after their deposit in the United States mail, postage prepaid:

**COUNTY OF RIVERSIDE**

Riverside County Regional Medical Center  
26520 Cactus Avenue  
Moreno Valley, CA 92555

**CONTRACTOR**

Diamond Respiratory Care, Inc.  
1403 Palmyrita Ave.  
Riverside, CA 92507

**CONTRACTOR REMIT TO ADDRESS:**

Diamond Respiratory Care, Inc.  
Same as above address

**19. Force Majeure**

If either party is unable to comply with any provision of this Agreement due to causes beyond its reasonable control, and which could not have been reasonably anticipated, such as acts of God, acts



of war, civil disorders, or other similar acts, such party shall not be held liable for such failure to comply.

**20. EDD Reporting Requirements**

In order to comply with child support enforcement requirements of the State of California, the COUNTY may be required to submit a Report of Independent Contractor(s) form **DE 542** to the Employment Development Department. The CONTRACTOR agrees to furnish the required data and certifications to the COUNTY within 10 days of notification of award of Agreement when required by the EDD. This data will be transmitted to governmental agencies charged with the establishment and enforcement of child support orders. Failure of the CONTRACTOR to timely submit the data and/or certificates required may result in the contract being awarded to another contractor. In the event a contract has been issued, failure of the CONTRACTOR to comply with all federal and state reporting requirements for child support enforcement or to comply with all lawfully served Wage and Earnings Assignments Orders and Notices of Assignment shall constitute a material breach of Agreement. If CONTRACTOR has any questions concerning this reporting requirement, please call (916) 657-0529. CONTRACTOR should also contact its local Employment Tax Customer Service Office listed in the telephone directory in the State Government section under "Employment Development Department" or access their Internet site at [www.edd.ca.gov](http://www.edd.ca.gov).

**21. Hold Harmless/Indemnification**

**21.1** CONTRACTOR shall indemnify and hold harmless the County of Riverside, its Agencies, Districts, Special Districts and Departments, their respective directors, officers, Board of Supervisors, elected and appointed officials, employees, agents and representatives (individually and collectively hereinafter referred to as Indemnitees) from any liability whatsoever, based or asserted upon any services of CONTRACTOR, its officers, employees, subcontractors, agents or representatives arising out of or in any way relating to this Agreement, including but not limited to property damage, bodily injury, or death or any other element of any kind or nature whatsoever arising from the performance of CONTRACTOR, its officers, employees, subcontractors, agents or representatives Indemnitors from this Agreement. CONTRACTOR shall defend, at its sole expense, all costs and fees including, but not limited, to attorney fees, cost of investigation, defense and settlements or awards, the Indemnitees in any claim or action based upon such alleged acts or omissions.

**21.2** With respect to any action or claim subject to indemnification herein by CONTRACTOR, CONTRACTOR shall, at their sole cost, have the right to use counsel of their own choice and shall have the right to adjust, settle, or compromise any such action or claim without the prior consent of COUNTY; provided, however, that any such adjustment, settlement or compromise in no manner whatsoever limits or circumscribes CONTRACTOR'S indemnification to Indemnitees as set forth herein.

**21.2** CONTRACTOR'S obligation hereunder shall be satisfied when CONTRACTOR has provided to COUNTY the appropriate form of dismissal relieving COUNTY from any liability for the action or claim involved.

**21.3** The specified insurance limits required in this Agreement shall in no way limit or circumscribe CONTRACTOR'S obligations to indemnify and hold harmless the Indemnitees herein from third party claims.

**21.4** In the event there is conflict between this clause and California Civil Code Section 2782, this clause shall be interpreted to comply with Civil Code 2782. Such interpretation shall not relieve the CONTRACTOR from indemnifying the Indemnitees to the fullest extent allowed by law.

**21.5** CONTRACTOR's indemnification obligations shall also apply to any action or claim regarding actual or alleged intellectual property infringement related to any material or product provided to COUNTY pursuant to this Agreement. In the event of any such action or claim, CONTRACTOR shall provide immediate notice to COUNTY of the action or claim. CONTRACTOR may defend or settle the action or claim as CONTRACTOR deems appropriate; however, CONTRACTOR shall be required to obtain for COUNTY the right to continue to use the material or product (or a similar non-infringing material or product with the same function) on terms identical to those stated in this Agreement.

## **22. Insurance**

**22.1** Without limiting or diminishing the CONTRACTOR'S obligation to indemnify or hold the COUNTY harmless, CONTRACTOR shall procure and maintain or cause to be maintained, at its sole cost and expense, the following insurance coverage's during the term of this Agreement. As respects to the insurance section only, the COUNTY herein refers to the County of Riverside, its Agencies, Districts, Special Districts, and Departments, their respective directors, officers, Board of Supervisors, employees, elected or appointed officials, agents or representatives as Additional Insureds.

**22.2 Workers' Compensation:** If the CONTRACTOR has employees as defined by the State of California, the CONTRACTOR shall maintain statutory Workers' Compensation Insurance (Coverage A) as prescribed by the laws of the State of California. Policy shall include Employers' Liability (Coverage B) including Occupational Disease with limits not less than \$1,000,000 per person per accident. The policy shall be endorsed to waive subrogation in favor of the County of Riverside.

**22.3 Commercial General Liability:** Commercial General Liability insurance coverage, including but not limited to, premises liability, unmodified contractual liability, products and completed operations liability, personal and advertising injury, and cross liability coverage, covering claims which may arise from or out of CONTRACTOR'S performance of its obligations hereunder. Policy shall name the COUNTY as Additional Insured. Policy's limit of liability shall not be less than \$1,000,000 per occurrence combined single limit. If such insurance contains a general aggregate limit, it shall apply separately to this agreement or be no less than two (2) times the occurrence limit.

**22.4 Vehicle Liability:** If vehicles or mobile equipment are used in the performance of the obligations under this Agreement, then CONTRACTOR shall maintain liability insurance for all owned, non-owned or hired vehicles so used in an amount not less than \$1,000,000 per occurrence combined single limit. If such insurance contains a general aggregate limit, it shall apply separately to this agreement or be no less than two (2) times the occurrence limit. Policy shall name the COUNTY as Additional Insureds.

**22.5 Professional Liability:** Contractor shall maintain Professional Liability Insurance providing coverage for the Contractor's performance of work included within this Agreement, with a limit of liability of not less than \$1,000,000 per occurrence and \$2,000,000 annual aggregate. If Contractor's Professional Liability Insurance is written on a claims made basis rather than an occurrence basis, such insurance shall continue through the term of this Agreement and CONTRACTOR shall purchase at his sole expense either 1) an Extended Reporting Endorsement (also, known as Tail Coverage); or 2) Prior Dates Coverage from new insurer with a retroactive date back to the date of, or prior to, the inception of this Agreement; or 3) demonstrate through Certificates of Insurance that CONTRACTOR has Maintained continuous coverage with the same or original insurer. Coverage provided under items; 1), 2), or 3) will continue as long as the law allows.

**22.6 General Insurance Provisions - All lines:**

1) Any insurance carrier providing insurance coverage hereunder shall be admitted to the State of California and have an A M BEST rating of not less than A: VIII (A:8) unless such requirements are

waived, in writing, by the County Risk Manager. If the County's Risk Manager waives a requirement for a particular insurer such waiver is only valid for that specific insurer and only for one policy term.

2) The CONTRACTOR must declare its insurance self-insured retention for each coverage required herein. If any such self-insured retention exceed \$500,000 per occurrence each such retention shall have the prior written consent of the County Risk Manager before the commencement of operations under this Agreement. Upon notification of self-insured retention unacceptable to the COUNTY, and at the election of the County's Risk Manager, CONTRACTOR'S carriers shall either; 1) reduce or eliminate such self-insured retention as respects this Agreement with the COUNTY, or 2) procure a bond which guarantees payment of losses and related investigations, claims administration, and defense costs and expenses.

3) CONTRACTOR shall cause CONTRACTOR'S insurance carrier(s) to furnish the County of Riverside with either 1) a properly executed original Certificate(s) of Insurance and certified original copies of Endorsements effecting coverage as required herein, and 2) if requested to do so orally or in writing by the County Risk Manager, provide original Certified copies of policies including all Endorsements and all attachments thereto, showing such insurance is in full force and effect. Further, said Certificate(s) and policies of insurance shall contain the covenant of the insurance carrier(s) that thirty (30) days written notice shall be given to the County of Riverside prior to any material modification, cancellation, expiration or reduction in coverage of such insurance. In the event of a material modification, cancellation, expiration, or reduction in coverage, this Agreement shall terminate forthwith, unless the County of Riverside receives, prior to such effective date, another properly executed original Certificate of Insurance and original copies of endorsements or certified original policies, including all endorsements and attachments thereto evidencing coverage's set forth herein and the insurance required herein is in full force and effect. *CONTRACTOR shall not commence operations until the COUNTY has been furnished original Certificate (s) of Insurance and certified original copies of endorsements and if requested, certified original policies of insurance including all endorsements and any and all other attachments as required in this Section. An individual authorized by the insurance carrier to do so on its behalf shall sign the original endorsements for each policy and the Certificate of Insurance.*

4) It is understood and agreed to by the parties hereto that the CONTRACTOR'S insurance shall be construed as primary insurance, and the COUNTY'S insurance and/or deductibles and/or self-insured retention's or self-insured programs shall not be construed as contributory.

5) If, during the term of this Agreement or any extension thereof, there is a material change in the scope of services; or, there is a material change in the equipment to be used in the performance of the scope of work; or, the term of this Agreement, including any extensions thereof, exceeds five (5) years; the COUNTY reserves the right to adjust the types of insurance and the monetary limits of liability required under this Agreement, if in the County Risk Manager's reasonable judgment, the amount or type of insurance carried by the CONTRACTOR has become inadequate.

6) CONTRACTOR shall pass down the insurance obligations contained herein to all tiers of subcontractors working under this Agreement.

7) The insurance requirements contained in this Agreement may be met with a program(s) of self-insurance acceptable to the COUNTY.

8) CONTRACTOR agrees to notify COUNTY of any claim by a third party or any incident or event that may give rise to a claim arising from the performance of this Agreement.

## **23. General**

**23.1** CONTRACTOR shall not delegate or assign any interest in this Agreement, whether by operation of law or otherwise, without the prior written consent of COUNTY. Any attempt to delegate or assign any interest herein shall be deemed void and of no force or effect.

**23.2** Any waiver by COUNTY of any breach of any one or more of the terms of this Agreement shall not be construed to be a waiver of any subsequent or other breach of the same or of any other term of this Agreement. Failure on the part of COUNTY to require exact, full and complete compliance with any terms of this Agreement shall not be construed as in any manner changing the terms or preventing COUNTY from enforcement of the terms of this Agreement.

**23.3** In the event the CONTRACTOR receives payment under this Agreement, which is later disallowed by COUNTY for nonconformance with the terms of the Agreement, the CONTRACTOR shall promptly refund the disallowed amount to the COUNTY on request; or at its option the COUNTY may offset the amount disallowed from any payment due to the CONTRACTOR.

**23.4** CONTRACTOR shall not provide partial delivery or shipment of services or products unless specifically stated in the Agreement.

**23.5** CONTRACTOR shall not provide any services or products subject to any chattel mortgage or under a conditional sales contract or other agreement by which an interest is retained by a third party. The CONTRACTOR warrants that it has good title to all materials or products used by

CONTRACTOR or provided to COUNTY pursuant to this Agreement, free from all liens, claims or encumbrances.

**23.6** Nothing in this Agreement shall prohibit the COUNTY from acquiring the same type or equivalent equipment, products, materials or services from other sources, when deemed by the COUNTY to be in its best interest. The COUNTY reserves the right to purchase more or less than the quantities specified in this Agreement.

**23.7** The COUNTY agrees to cooperate with the CONTRACTOR in the CONTRACTOR's performance under this Agreement, including, if stated in the Agreement, providing the CONTRACTOR with reasonable facilities and timely access to COUNTY data, information, and personnel.

**23.8** CONTRACTOR shall comply with all applicable Federal, State and local laws and regulations. CONTRACTOR will comply with all applicable COUNTY policies and procedures. In the event that there is a conflict between the various laws or regulations that may apply, the CONTRACTOR shall comply with the more restrictive law or regulation.

**23.9** CONTRACTOR shall comply with all air pollution control, water pollution, safety and health ordinances, statutes, or regulations, which apply to performance under this Agreement.

**23.10** CONTRACTOR shall comply with all requirements of the Occupational Safety and Health Administration (OSHA) standards and codes as set forth by the U.S. Department of Labor and the State of California (Cal/OSHA).

**23.11** This Agreement shall be governed by the laws of the State of California. Any legal action related to the performance or interpretation of this Agreement shall be filed only in the Superior Court of the State of California located in Riverside, California, and the parties waive any provision of law providing for a change of venue to another location. In the event any provision in this Agreement is held by a court of competent jurisdiction to be invalid, void, or unenforceable, the remaining provisions will nevertheless continue in full force without being impaired or invalidated in any way.

**23.12** This Agreement, including any attachments or exhibits, constitutes the entire Agreement of the parties with respect to its subject matter and supersedes all prior and contemporaneous representations, proposals, discussions and communications, whether oral or in writing. This Agreement may be changed or modified only by a written amendment signed by authorized representatives of both parties.

**COUNTY:**

Riverside County Regional Medical Center  
26520 Cactus Avenue  
Moreno Valley, CA 92555

Signature: Bob Buster

Print Name: Bob Buster

Title: Chairperson

Dated: SEP 27 2011

**CONTRACTOR:**

Diamond Respiratory Care, Inc.  
1403 Palmyrita Ave.  
Riverside, CA 92507

Signature: Chris Rice

Print Name: Chris Rice

Title: CEO

Dated: 6/30/11

FORM APPROVED COUNTY COUNSEL

BY:

NEAL R. KIPNIS

DATE

ATTEST:

KECIA HARPER-IHEM, Clerk

BY:

DEPUTY

**SCOPE OF WORK****DIAMOND RESPIRATORY CARE, INC.**

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1.0 CONTRACTOR shall provide durable medical equipment (DME), home infusion and nutrition services for ambulatory and non-ambulatory patients residing in Riverside County.

2.0 CONTRACTOR shall provide said services throughout Riverside County (Banning, Beaumont, Blythe, Calimesa, Canyon Lake, Cathedral City, Coachella, Corona, Desert Hot Springs, Eastvale, Hemet, Indian Wells, Indio, Lake Elsinore, La Quinta, Mecca, Menifee, Moreno Valley, Murrieta, Norco, Palm Desert, Palm Springs, Perris, Rancho Mirage, Riverside, San Jacinto, Temecula, Wildomar, and all other unincorporated areas within Riverside County).

3.0 CONTRACTOR shall provide same day delivery services, but no later than one day (24 hours) from the requested date of service.

4.0 CONTRACTOR shall arrange prompt pick-up schedule(s) with the patient (and/or patients designated person).

5.0 CONTRACTOR shall promptly notify COUNTY of all undeliverable services (i.e., equipment not available, incorrect patient home address, no one at patient home to accept delivery or arrange for CONTRACTOR pick-up, etc.).

6.0 CONTRACTOR shall designate a liaison and provide the contact information (name, title, phone number and email address) to COUNTY as it pertains to this Agreement.



**FEE SCHEDULE**

**DIAMOND RESPIRATORY CARE, INC.**

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**Power Operated Vehicles**

		Rent	Buy
^ E1230	Three or four wheeled		
K0800	Group 1 standard, patient weight capacity up to and including 300 pounds	\$ 99.80	\$ 998.02
K0801	Group 1 heavy duty, patient weight capacity 301 to 450 pounds	\$ 160.88	\$ 1,609.02
K0802	Group 1 very heavy duty, patient weight capacity 451 to 600 pounds	\$ 182.08	\$ 1,820.89
K0806	Group 2 standard, patient weight capacity up to and including 300 pounds	\$ 120.73	\$ 1,207.34
K0807	Group 2 heavy duty, patient weight capacity 301 to 450 pounds	\$ 183.20	\$ 1,831.99
K0808	Group 2 very heavy duty, patient weight capacity 451 to 600 pounds	\$ 283.44	\$ 2,834.48
K0812	Not otherwise classified	72% of billed charges	72% of billed charges
<b>Transport Chairs</b>			
E1031	Rollabout chair, any and all types with casters five inches or greater	\$ 38.89	\$ 466.72
+ E1035	Multi-positional patient transfer system, with integrated seat, operated by caregiver, patient weight capacity up to and including 300 lbs.	\$ 497.06	\$ 5,964.72
+ E1036	Multi-positional patient transfer system, extra-wide, with integrated seat, operated by caregiver, patient weight capacity greater than 300 lbs.	72% of billed charges	72% of billed charges
E1037	Transport chair, pediatric size	\$ 83.75	\$ 837.54
E1038	Transport chair, adult size, patient weight capacity less than 250 pounds	\$ 13.92	\$ 167.03
E1039	Transport chair, adult size, heavy duty, patient weight capacity 250 pounds or greater	\$ 26.40	\$ 316.83
E1161	Manual adult size wheelchair, includes tilt in space	\$ 182.66	\$ 1,826.62
K0001	Standard wheelchair	\$ 41.12	\$ 493.49
K0002	Standard hemi (low seat) wheelchair	\$ 56.09	\$ 673.12
K0003	Lightweight wheelchair	\$ 60.72	\$ 728.61
K0004	High strength, lightweight wheelchair	\$ 87.69	\$ 1,052.30
K0005	Ultralightweight wheelchair	\$ 140.33	\$ 1,403.37
K0006	Heavy-duty wheelchair	\$ 82.30	\$ 987.54
K0007	Extra heavy-duty wheelchair	\$ 130.85	\$ 1,570.25
K009	Other manual wheelchair/base	72% of billed charges	72% of billed charges
<b>Power Wheelchairs</b>			
^ K0010	Standard-weight frame motorized/power wheelchair		

^ K0011	Standard-weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking (For Medi-Cal, purchase or rental of this code is restricted to an iBOT Mobility System.)	\$ 389.55	\$ 3,895.51
^ K0012	Lightweight portable motorized/power wheelchair		
+ ^ K0014	Other motorized/power wheelchair base		
<b>Group 1</b>			
K0813	Standard, portable, sling/solid seat and back, patient weight capacity up to and including 300 pounds	\$ 186.24	\$ 2,234.85
K0814	Standard, portable, captain's chair, patient weight capacity up to and including 300 pounds	\$ 238.38	\$ 2,860.54
K0815	Standard, sling/solid seat and back, patient weight capacity up to and including 300 pounds	\$ 271.46	\$ 3,257.50
K0816	Standard captain's chair, patient weight capacity up to and including 300 pounds	\$ 259.96	\$ 3,119.56
<b>Group 2</b>			
K0820	Standard, portable, sling/solid seat/back, patient weight capacity up to and including 300 pounds	\$ 198.91	\$ 2,386.96
K0821	Standard, portable, captain's chair, patient weight capacity up to and including 300 pounds	\$ 255.35	\$ 3,064.25
K0822	Standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds	\$ 308.61	\$ 3,086.07
K0823	Standard, captain's chair, patient weight capacity up to and including 300 pounds	\$ 310.63	\$ 3,727.56
K0824	Heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds	\$ 373.86	\$ 4,486.28
K0825	Heavy duty, captain's chair, patient weight capacity 301 to 450 pounds	\$ 342.24	\$ 3,422.43
K0826	Very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds	\$ 483.99	\$ 5,807.88
K0827	Very heavy duty, captain's chair, patient weight capacity 451 to 600 pounds	\$ 411.55	\$ 4,938.55

K0828	Extra heavy duty, sling/solid seat/back, patient weight capacity 601 pounds or more	\$ 533.31	\$ 6,399.76
K0829	Extra heavy duty, captain's chair, patient weight capacity 601 pounds or more	\$ 489.73	\$ 5,876.80
K0830	Standard, seat elevator, sling/solid seat/back, patient weight capacity up to and including 300 pounds	\$ 302.17	\$ 3,626.02
K0831	Standard, seat elevator, captain's chair, patient weight capacity up to and including 300 pounds	\$ 302.17	\$ 3,626.02
K0835	Standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	\$ 313.23	\$ 3,132.31
K0836	Standard, single power option, captain's chair, patient weight capacity up to and including 300 pounds	\$ 324.82	\$ 3,897.83
K0837	Heavy duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	\$ 373.86	\$ 4,486.28
K0838	Heavy duty, single power option, captain's chair, patient weight capacity 301 to 450 pounds	\$ 334.45	\$ 3,344.46
K0839	Very heavy duty, single power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds	\$ 483.99	\$ 5,807.88
K0840	Extra heavy duty, single power option, sling/solid seat and back, patient weight capacity 601 pounds or more	\$ 733.27	\$ 8,799.23
K0841	Standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	\$ 333.40	\$ 4,000.75
K0842	Standard, multiple power option, captain's chair, patient weight capacity up to and including 300 pounds	\$ 333.40	\$ 4,000.75
K0843	Heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	\$ 401.41	\$ 4,816.91
Group 3			
K0848	Standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds	\$ 407.96	\$ 4,079.56

K0849	Standard, captain's chair, patient weight capacity up to and including 300 pounds	\$ 392.23	\$ 4,706.76
K0850	Heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds	\$ 473.22	\$ 4,732.21
K0851	Heavy duty, captain's chair, patient weight capacity 301 to 450 pounds	\$ 454.99	\$ 4,549.94
K0852	Very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds	\$ 546.78	\$ 6,561.32
K0853	Very heavy duty, captain's chair, patient weight capacity 451 to 600 pounds	\$ 561.68	\$ 6,740.12
K0854	Extra heavy duty, sling/solid seat/back, patient weight capacity 601 pounds or more	\$ 744.10	\$ 8,929.20
K0855	Heavy duty, captain's chair, patient weight capacity 601 pounds or more	\$ 702.91	\$ 8,434.96
K0856	Standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	\$ 437.90	\$ 5,254.82
K0857	Standard, single power option, captain's chair, patient weight capacity up to and including 300 pounds	\$ 446.68	\$ 5,360.15
K0858	Heavy duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	\$ 543.30	\$ 6,519.63
K0859	Heavy duty, single power option, captain's chair, patient weight capacity 301 to 450 pounds	\$ 518.14	\$ 5,181.43
K0860	Very heavy duty, single power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds	\$ 776.18	\$ 9,314.12
K0861	Standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	\$ 438.60	\$ 5,263.25
K0862	Heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	\$ 543.30	\$ 6,519.63
K0863	Very heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds	\$ 776.18	\$ 9,314.12

K0864	Extra heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 601 pounds or more	\$ 923.66	\$ 9,236.59
<b>Group 4</b>			
K0868	Standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds	72% of billed charges	72% of billed charges
K0869	Standard, captain's chair, patient weight capacity up to and including 300 pounds	72% of billed charges \$ -	72% of billed charges \$ -
K0870	Heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds	72% of billed charges \$ -	72% of billed charges \$ -
K0871	Very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds	72% of billed charges \$ -	72% of billed charges \$ -
K0877	Standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	72% of billed charges \$ -	72% of billed charges \$ -
K0878	Standard, single power option, captain's chair, patient weight capacity up to and including 300 pounds	72% of billed charges \$ -	72% of billed charges \$ -
K0879	Heavy duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	72% of billed charges \$ -	72% of billed charges \$ -
K0880	Very heavy duty, single power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds	72% of billed charges \$ -	72% of billed charges \$ -
K0884	Standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	72% of billed charges \$ -	72% of billed charges \$ -
K0885	Standard, multiple power option, captain's chair, patient weight capacity up to and including 300 pounds	72% of billed charges \$ -	72% of billed charges \$ -

K0886	Heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	72% of billed charges	72% of billed charges
Group 5			
K0890	Power wheelchair, group 5 pediatric, single power option, sling/solid seat and back, patient weight capacity up to and including 125 pounds	72% of billed charges	72% of billed charges
K0891	Power wheelchair, group 5 pediatric, multiple power option, sling/solid seat/back, patient weight capacity up to and including 125 pounds	72% of billed charges	72% of billed charges
K0898	Power wheelchair, not otherwise classified	72% of billed charges	72% of billed charges
<b>Arm of Chair</b>			
E0973	Adjustable height, detachable armrest, complete assembly, each	\$ 7.30	\$ 75.44
E2209	Arm trough, with or without hand support, each	\$ 8.12	\$ 81.36
K0015	Detachable, nonadjustable height armrest, each	\$ 13.79	\$ 137.93
K0017	Detachable, adjustable height armrest, base, each	\$ 3.88	\$ 38.79
K0018	Detachable, adjustable height armrest, upper portion, each	\$ 2.16	\$ 21.69
K0019	Arm pad, each	\$ 1.33	\$ 13.31
K0020	Fixed, adjustable height armrest, pair	\$ 3.54	\$ 35.26
<b>Back of Chair</b>			
E0955	Headrest, cushioned, any type, including fixed mounting hardware, each	\$ 15.62	\$ 156.08
E0956	Lateral trunk or hip support, any type, including fixed mounting hardware, each	\$ 7.62	\$ 76.10
E0960	Shoulder harness/straps for chest strap, including hardware	\$ 7.03	\$ 70.24
E0966	Headrest extension, each	\$ 5.43	\$ 55.10
E0978	Positioning belt/safety belt/pelvic strap, each	\$ 2.55	\$ 23.81
E0982	Back upholstery, replacement only, each	\$ 3.38	\$ 33.81
E1225	Manual semi-reclining back	\$ 24.04	\$ 288.52
E1226	Manual fully reclining back	\$ 29.88	\$ 290.29
E1228	Special back height	\$ 15.01	\$ 180.08
E2611	General use wheelchair back cushion, width less than 22", any height, including mounting hardware	\$ 24.11	\$ 241.13
E2612	General use wheelchair back cushion, width greater than or equal to 22", any height, including mounting hardware	\$ 32.62	\$ 326.20

E2613	Positioning wheelchair back cushion, width less than 22", any height, including mounting hardware	\$ 30.35	\$ 303.43
E2614	Positioning wheelchair back cushion, width greater than or equal to 22", any height, including mounting hardware	\$ 42.00	\$ 419.91
E2615	Positioning wheelchair back cushion, posterior-lateral, width less than 22", any height, including mounting hardware	\$ 34.93	\$ 349.19
E2616	Positioning wheelchair back cushion, posterior-lateral, width greater than or equal to 22", any height, including mounting hardware	\$ 46.84	\$ 469.82
E2617	Custom fabricated wheelchair back cushion, any size, including mounting hardware	72% of billed charges	72% of billed charges
E2619	Replacement cover for wheelchair seat cushion or back cushion, each	\$ 3.96	\$ 39.62
E2620	Positioning wheelchair back cushion, planar back with lateral supports, width less than 22 inches, any height, including any type mounting hardware	\$ 42.28	\$ 422.82
E2621	Positioning wheelchair back cushion, planar back with lateral supports, width 22 inches or greater, any height, including any type mounting hardware	\$ 44.37	\$ 443.71
K0669	Wheelchair seat or back cushion, not otherwise classified	72% of billed charges	72% of billed charges
E0981	Replacement seat upholstery	\$ 2.76	\$ 27.71
E0985	Seat lift mechanism	\$ 15.67	\$ 156.60
E0992	Solid seat insert	\$ 5.79	\$ 59.55
E1296	Special wheelchair seat height from floor	\$ 28.95	\$ 289.45
E1297	Special wheelchair seat depth, by upholstery	\$ 7.27	\$ 55.65
E1298	Special wheelchair seat depth and/or width, by construction	\$ 25.14	\$ 251.31
E2201	Manual wheelchair accessory, nonstandard seat frame, width greater than or equal to 20" and less than 24"	\$ 28.80	\$ 288.03
E2202	Manual wheelchair accessory, nonstandard seat frame width, 24" – 27"	\$ 36.59	\$ 365.91
E2203	Manual wheelchair accessory, nonstandard seat frame depth, 20" to less than 22"	\$ 36.97	\$ 369.83
E2204	Manual wheelchair accessory, nonstandard seat frame depth, 22" to 25"	\$ 62.80	\$ 627.94
E2230	Manual standing system	72% of billed charges	72% of billed charges



		72% of billed charges	72% of billed charges
E2231	Manual wheelchair accessory, solid seat support base (replaces sling seat), includes any type mounting hardware	72% of billed charges	72% of billed charges
E2340	Power wheelchair accessory, nonstandard seat frame width, 20" – 23"	\$ 27.68	\$ 276.65
E2341	Power wheelchair accessory, nonstandard seat frame width, 24" – 27"	\$ 41.50	\$ 415.01
E2342	Power wheelchair accessory, nonstandard seat frame depth, 20" or 21"	\$ 34.59	\$ 345.84
E2343	Power wheelchair accessory, nonstandard seat frame depth, 22" – 25"	\$ 55.33	\$ 553.35
E2601	General use wheelchair seat cushion, width less than 22", any depth	\$ 4.73	\$ 47.22
E2602	General use wheelchair seat cushion, width greater than or equal to 22", any depth	\$ 9.22	\$ 92.18
E2603	Skin protection wheelchair seat cushion, width less than 22", any depth	\$ 11.71	\$ 117.03
E2604	Skin protection wheelchair seat cushion, width greater than or equal to 22", any depth	\$ 14.54	\$ 145.45
E2605	Positioning wheelchair seat cushion, width less than 22", any depth	\$ 20.79	\$ 207.80
E2606	Positioning wheelchair seat cushion, width greater than or equal to 22", any depth	\$ 32.43	\$ 324.19
E2607	Skin protection and positioning wheelchair seat cushion, width less than 22", any depth	\$ 22.38	\$ 223.84
E2608	Skin protection and positioning wheelchair seat cushion, width greater than or equal to 22", any depth	\$ 26.87	\$ 268.73
E2609	Custom fabricated wheelchair cushion, any size	72% of billed charges	72% of billed charges
E2610	Wheelchair seat cushion, powered	72% of billed charges	72% of billed charges
K0056	Seat height less than 17" or equal to or greater than 21" for a high	\$ 7.23	\$ 72.19

	strength, lightweight, or ultralightweight wheelchair		
K0734	Skin protection wheelchair seat cushion, adjustable, width less than 22 inches, any depth	\$ 25.59	\$ 255.89
K0735	Skin protection wheelchair seat cushion, adjustable, width 22 inches or greater, any depth	\$ 32.57	\$ 325.77
K0736	Skin protection and positioning wheelchair seat cushion, adjustable, width less than 22 inches, any depth	\$ 25.80	\$ 257.99
K0737	Skin protection and positioning wheelchair seat cushion, adjustable, width 22 inches or greater, any depth	\$ 32.66	\$ 326.60
E0951	Heel/loop holder, any type, with or without ankle strap, each	\$ 1.51	\$ 14.65
E0952	Toe loop/holder, any type, each	\$ 1.29	\$ 12.36
E0957	Medial-thigh support, any type, including fixed mounting hardware, each	\$ 10.65	\$ 106.48
E0970	No. 2 Footplates, except for elevating leg rest	\$ 3.17	\$ 30.59
E0990	Elevating leg rest, complete assembly, each	\$ 8.28	\$ 68.48
E0995	Calf rest/pad, each	\$ 2.35	\$ 23.47
E1020	Residual limb support system for wheelchair	\$ 18.78	\$ 187.91
K0037	High mount flip-up footrest, each	\$ 3.32	\$ 37.18
K0038	Leg strap, each	\$ 1.84	\$ 18.40
K0039	Leg strap, H style, each	\$ 4.11	\$ 40.83
K0040	Adjustable angle footplate, each	\$ 5.67	\$ 56.67
K0041	Large size footplate, each	\$ 4.01	\$ 40.18
K0042	Standard size footplate, each	\$ 2.39	\$ 23.91
K0043	Footrest, lower extension tube, each	\$ 1.48	\$ 14.82
K0044	Footrest, upper hanger bracket, each	\$ 1.27	\$ 12.64
K0045	Footrest, complete assembly	\$ 4.51	\$ 43.71
K0046	Elevating legrest, lower extension tube, each	\$ 1.48	\$ 14.82
K0047	Elevating legrest, upper hanger bracket, each	\$ 5.81	\$ 58.04
K0050	Ratchet assembly	\$ 2.45	\$ 24.67
K0051	Cam release assembly, footrest or legrest, each	\$ 3.98	\$ 39.93
K0052	Swingaway, detachable footrests, each	\$ 7.03	\$ 70.17
K0053	Elevating footrests, articulating (telescoping) each	\$ 7.83	\$ 77.44
K0195	Elevating legrest, pair	\$ 15.86	\$ 190.38
E0958	Manual wheelchair accessory, one-arm drive attachment, each	\$ 27.75	\$ 302.77
E0959	Manual wheelchair accessory, adapter for amputee, each	\$ 3.44	\$ 34.13
E0961	Manual wheelchair accessory, wheel lock brake extension (handle), each	\$ 1.95	\$ 18.61
E0967	Manual wheelchair accessory, hand rim with projections, any type, each	\$ 4.99	\$ 49.86
E0974	Manual wheelchair accessory, anti-rollback device, each	\$ 6.12	\$ 58.18

E0986	Manual wheelchair accessory, push activated power assist, each	\$ 375.52	\$ 3,755.19
E1015	Shock absorber for manual wheelchair, each	\$ 8.85	\$ 88.55
E1016	Shock absorber for power wheelchair, each	\$ 10.14	\$ 101.37
E1017	Heavy duty shock absorber for heavy duty or extra heavy duty manual wheelchair, each	72% of billed charges	72% of billed charges
E1018	Heavy duty shock absorber for heavy duty or extra heavy duty power wheelchair, each	72% of billed charges	72% of billed charges
E2205	Manual wheelchair accessory, hand rim without projections, any type, replacement only, each	\$ 2.46	\$ 24.78
E2206	Wheel lock assembly, complete, each	\$ 3.08	\$ 30.89
E2210	Bearings, any type, replacement only, each		\$ 5.06
<b>Wheels, Casters and Tires – Manual Wheelchair</b>			
E2211	Pneumatic tire, any size, each	\$ 3.10	\$ 31.58
E2212	Pneumatic tire tube, any size, each	\$ 0.47	\$ 4.46
E2213	Pneumatic tire insert, any type, any size, each	\$ 2.32	\$ 23.09
E2214	Pneumatic caster tire, any size, each	\$ 3.06	\$ 27.79
E2215	Pneumatic caster tire tube, any size, each	\$ 0.73	\$ 7.30
E2218	Foam propulsion tire, any size, each	72% of billed charges	72% of billed charges
E2219	Foam caster tire, any size, each	\$ 3.64	\$ 32.31
E2220	Solid propulsion tire, any size, each	\$ 2.12	\$ 22.02
E2221	Solid caster tire, any size, each	\$ 1.92	\$ 19.39
E2222	Solid caster tire with integrated wheel, any size, each	\$ 1.61	\$ 16.26
E2224	Propulsion wheel, excludes tire, any size, each	\$ 6.76	\$ 64.35
E2225	Caster wheel, excludes tire, any size, each	\$ 1.34	\$ 13.43
E2226	Caster fork, any size, replacement only, each	\$ 2.93	\$ 29.29
E2227	Gear reduction drive wheel, each	\$ 121.15	\$ 1,211.37
E2228	Wheel braking system and lock, complete, each	\$ 72.27	\$ 722.79
K0069	Rear wheel assembly, complete, with solid tire, spokes or molded, each	\$ 7.60	\$ 75.83
K0070	Rear wheel assembly, complete with pneumatic tire, spokes or molded, each	\$ 13.91	\$ 139.04
K0071	Front caster assembly, complete, with pneumatic tire, each	\$ 8.31	\$ 82.92
K0072	Front caster assembly, complete, with semipneumatic tire, each	\$ 4.99	\$ 49.92
K0073	Caster pin lock, each	\$ 2.54	\$ 25.40

K0077	Front caster assembly, complete, with solid tire, each	\$ 4.46	\$ 44.65
<b>Wheels,</b>	<b>Casters and Tires – Power Wheelchair</b>	\$ -	
E2381	Pneumatic drive wheel tire, any -- size, replacement only, each	\$ -	\$ 57.82
E2382	Tube for pneumatic drive wheel -- tire, any size, replacement only, each	\$ -	\$ 15.76
E2383	Insert for pneumatic drive wheel -- tire, any type, any size, replacement only, each	\$ -	\$ 115.29
E2384	Pneumatic caster tire, any size, -- replacement only, each	\$ -	\$ 61.43
E2385	Tube for pneumatic caster tire, -- any size, replacement only, each	\$ -	\$ 37.57
E2386	Foam-filled drive wheel tire, any -- size, replacement only, each	\$ -	\$ 114.24
E2387	Foam-filled caster tire, any size, -- replacement only, each	\$ -	\$ 49.28
E2388	Foam drive wheel tire, any size, -- replacement only, each	\$ -	\$ 38.90
E2389	Foam caster tire, any size, -- replacement only, each	\$ -	\$ 21.12
E2390	Solid (rubber/plastic) drive wheel -- tire, any size, replacement only, each	\$ -	\$ 33.03
E2391	Solid (rubber/plastic) caster tire -- (removable), any size, replacement only, each	\$ -	\$ 15.83
E2392	Solid caster tire with integrated -- wheel, any size, replacement only, each	\$ -	\$ 41.60
E2394	Drive wheel, excludes tire, any -- size, replacement only, each	\$ -	\$ 59.25
E2395	Caster wheel, excludes tire, any -- size, replacement only, each	\$ -	\$ 42.11
E2396	Caster fork, any size, -- replacement only, each	\$ -	\$ 51.35
E2360	22 NF non-sealed lead acid battery, each	\$ 8.22	\$ 82.24
E2361	22 NF sealed lead acid battery, each	\$ 10.59	\$ 105.88
E2362	Group 24 non-sealed lead acid battery, each	\$ 6.98	\$ 69.82
E2363	Group 24 sealed lead acid battery, each	\$ 14.13	\$ 141.19
E2364	U-1 non-sealed lead acid battery, each	\$ 8.22	\$ 82.24
E2365	U-1 sealed lead acid battery, each	\$ 8.52	\$ 85.16

E2366	Battery charger, single mode, for use with only one battery type, sealed or non-sealed, each	\$ 20.40	\$ 203.51
E2367	Battery charger, dual mode, for use with either battery type, sealed or non-sealed, each	\$ 20.40	\$ 203.51
E2371	Group 27 sealed lead acid battery, each	\$ 11.64	\$ 116.37
E2372	Group 27 non-sealed lead acid battery, each	72% of billed charges	72% of billed charges
E2397	Lithium-based battery, each	\$ 31.97	\$ 319.71
K0733	12-24 hour sealed lead acid battery, each	\$ 2.35	\$ 23.32
Power Drive Units and Accessories			
E0983	Power add-on to convert manual wheelchair to motorized wheelchair, joystick control	\$ 184.18	\$ 2,210.21
E0984	Power add-on to convert manual wheelchair to motorized wheelchair, tiller control	\$ 116.53	\$ 1,253.72
E1028	Manual swingaway, retractable or removable mounting hardware for joystick, other control interface or positioning accessory	\$ 15.94	\$ 159.45
E2368	Power wheelchair component, motor, replacement only	\$ 39.89	\$ 398.79
E2369	Power wheelchair component, gear box, replacement only	\$ 34.74	\$ 347.35
E2370	Power wheelchair component, motor and gear box combination, replacement only	\$ 61.98	\$ 619.79
Power Wheelchair Interfaces and Controllers			
E2312	Hand or chin control interface, remote joystick, mini-proportional remote joystick, proportional, including fixed mounting hardware	\$ 155.69	\$ 1,556.90
E2313	Harness for upgrade to expandable controller, including all fasteners, connectors and mounting hardware, each	\$ 24.73	\$ 247.24
E2321	Hand control interface, remote joystick, nonproportional, including all related electronics, mechanical stop switch, and fixed mounting hardware	\$ 122.69	\$ 1,226.79
E2322	Hand control interface, multiple mechanical switches, nonproportional, including all related electronics, mechanical stop switch, and fixed mounting hardware	\$ 108.88	\$ 1,088.80
E2323	Specialty joystick handle for hand control interface, prefabricated	\$ 5.34	\$ 53.39

E2324	Chin cup for chin control interface	\$ 3.37	\$ 33.83
E2325	Sip and puff interface, nonproportional, including all related electronics, mechanical stop switch, and manual swingaway mounting hardware	\$ 103.99	\$ 1,039.75
E2326	Breath tube kit for sip and puff interface	\$ 26.81	\$ 267.99
E2327	Head control interface, mechanical, proportional, including all related electronics, mechanical direction change switch and fixed mounting hardware	\$ 201.68	\$ 2,016.76
E2328	Head control or extremity control interface, electronic, proportional, including all related electronics and fixed mounting hardware	\$ 382.54	\$ 3,825.51
E2329	Head control interface, contact switch mechanism, nonproportional, including all related electronics, mechanical stop switch, head array, and fixed mounting hardware	\$ 136.34	\$ 1,363.45
E2330	Head control interface, proximity switch mechanism, nonproportional, including all related electronics, mechanical stop switch, mechanical direction change switch, head array, and fixed mounting hardware	\$ 264.18	\$ 2,641.85
E2331	Attendant control, proportional, including all related electronics and fixed mounting hardware	72% of billed charges	72% of billed charges
E2351	Electronic interface to operate speech generating device using power wheelchair control interface	\$ 53.95	\$ 539.34
# E2373	Hand or chin control interface, compact remote joystick, proportional, including fixed mounting hardware	\$ 54.26	\$ 542.70
E1002	Power seating system, tilt only	\$ 312.91	\$ 3,129.08
E1003	Power seating system, recline only, without shear reduction	\$ 339.02	\$ 3,390.08
E1004	Power seating system, recline only, with mechanical shear reduction	\$ 375.89	\$ 3,758.91
E1005	Power seating system, recline, with power shear reduction	\$ 406.87	\$ 4,068.72
E1006	Power seating system, tilt & recline, without shear reduction	\$ 498.36	\$ 4,983.80
E1007	Power seating system, tilt & recline, with mechanical shear reduction	\$ 674.83	\$ 6,748.26
E1008	Power seating system, tilt & recline, with power shear reduction	\$ 674.88	\$ 6,748.86
E1009	Addition to power seating system, mechanically linked leg elevation system, including pushrod and leg rest, each	72% of billed charges	72% of billed charges

E1010	Addition to power seating system, power leg elevation system, including 114.38	\$ -	\$ 883.01
	leg rest, pair		
E2300	Power seat elevation system	72% of billed charges	72% of billed charges
E2301	Power standing system	72% of billed charges	72% of billed charges
E2310	Electronic connection between wheelchair controller and one power seating system motor, including all related electronics, indicator feature, mechanical function selection switch, and fixed mounting hardware	\$ 90.34	\$ 903.43
E2311	Electronic connection between wheelchair controller and two or more power seating system motors, including all related electronics, indicator feature, mechanical function selection switch, and fixed mounting hardware	\$ 182.91	\$ 1,829.02
E1011	Width adjustment package (not to be dispensed with initial chair)	72% of billed charges	72% of billed charges
E1014	Reclining back	\$ 28.19	\$ 281.89
E1229	Wheelchair, pediatric size, not otherwise specified	72% of billed charges	72% of billed charges
E1231	Wheelchair, tilt-in-space, rigid, adjustable, with seating system	72% of billed charges	72% of billed charges
E1232	Wheelchair, tilt-in-space, rigid, adjustable, with seating system	\$ 165.09	\$ 1,650.85
E1233	Wheelchair, tilt-in-space, rigid, adjustable, without seating system	\$ 171.05	\$ 1,710.54
E1234	Wheelchair, tilt-in-space, folding, adjustable without seat	\$ 148.93	\$ 1,489.15
E1235	Rigid adjustable with seating system	\$ 143.40	\$ 1,433.94
E1236	Folding adjustable with seating system	\$ 126.51	\$ 1,265.10
E1237	Rigid, adjustable without seating system	\$ 127.61	\$ 1,276.15
E1238	Folding, adjustable, without seating system	\$ 126.51	\$ 1,265.10
E1239	Power wheelchair, pediatric size, not otherwise specified	72% of billed charges	72% of billed charges

E2291	Back, planar, including fixed attaching hardware	72% of billed charges	72% of billed charges
E2292	Seat, planar, including fixed attaching hardware	72% of billed charges	72% of billed charges
E2293	Back, contoured, including fixed attaching hardware	72% of billed charges	72% of billed charges
E2294	Seat, contoured, including fixed attaching hardware	72% of billed charges	72% of billed charges
E2295	Manual Wheelchair accessory, for pediatric size wheelchair, dynamic seating frame	72% of billed charges	72% of billed charges
E0950	Tray, each	\$ 7.17	\$ 71.81
E0971	Anti-tipping device (each)	\$ 3.35	\$ 33.50
E1029	Ventilator tray, fixed	\$ 28.53	\$ 285.28
E1030	Ventilator tray, gimbaled	\$ 89.96	\$ 899.59
E1065	Power attachment [to convert any wheelchair to motorized wheelchair, e.g., Solo])	\$ 183.75	\$ 1,693.76
E2207	Crutch and cane holder, each	\$ 3.30	\$ 32.90
E2208	Cylinder tank carrier, each	\$ 9.02	\$ 90.17
K0105	IV hanger, each	\$ 7.53	\$ 75.47
K0108	Other accessories	72% of billed charges	72% of billed charges



### Canes and Crutches

		Rent	Purchase
A4635	Underarm pad, crutch, replacement, each		\$ 4.10
A4636	Replacement handgrip, cane, crutch or walker, each		\$ 3.37
A4637	Replacement tip, cane, crutch or walker, each		\$ 1.70
E0100	Cane, includes canes of all materials, adjustable or fixed, with tip	\$ 3.46	\$ 11.63
E0105	Cane, quad or three prong, includes canes of all materials, adjustable or fixed with tips	\$ 5.16	\$ 27.28
E0110	Crutches, forearm, adjustable or fixed, with tips and handgrips, pair	\$ 9.30	\$ 45.16
E0112	Crutches, underarm, wood, adjustable or fixed, pair, with pads, tips and handgrips	\$ 5.78	\$ 21.53
E0114	Crutches, underarm, non-wood, adjustable or fixed, pair, with pads, tips and handgrips	\$ 4.99	\$ 27.46
E0117	Crutch, underarm, articulating, spring assisted, each Walkers	\$ 11.21	\$ 112.16
E0130	Rigid (pick-up), adjustable or fixed height	\$ 9.79	\$ 40.87
E0135	Folding (pick-up), adjustable or fixed height	\$ 10.05	\$ 48.79
E0140	Walker w/trunk support, adjustable or fixed height	\$ 21.00	\$ 209.93
E0141	Rigid walker, wheeled, adjustable or fixed height	\$ 13.01	\$ 67.10
E0143	Folding walker, wheeled	\$ 12.56	\$ 65.17
E0144	Walker, enclosed, four sided framed, rigid or folding, wheeled with posterior seat	\$ 18.54	\$ 185.34
E0147	Walker, heavy duty, multiple braking system, variable wheel resistance	\$ 20.67	\$ 203.47
E0148	Walker, heavy duty, without wheels, rigid or folding, any type, each	\$ 7.41	\$ 73.94
E0149	Walker, heavy duty, wheeled, rigid or folding, any type	\$ 12.99	\$ 129.90
E0153	Platform attachment, forearm crutch, each	\$ 4.56	\$ 40.38
E0154	Platform attachment, walker, each	\$ 4.98	\$ 41.04
E0155	Wheel attachment, rigid pick-up walker, per pair		\$ 18.37
E0156	Seat attachment, walker		\$ 15.38
E0157	Crutch attachment, walker, each	\$ 4.45	\$ 40.52
E0158	Leg extensions, per set of four	\$ 2.07	\$ 18.73
E0159	Brake attachment for wheeled walker, replacement, each		\$ 10.40

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**Patient Lifts**

		Rent	Purchase
E0621	Sling or seat, patient lift, canvas or nylon		\$ 57.49
E0625	Patient lift, bathroom or toilet, not otherwise specified		By Report
E0630	Patient lift, hydraulic, with seat or sling	\$ 56.82	\$ 681.90
E0637	Combination sit to stand system, any size, with seat lift, with or without	72% of billed charges	72% of billed charges
E0638	Standing frame system, any size with or without wheels	72% of billed charges	72% of billed charges
E0641	Standing frame system, multi-position, any size including pediatric, with	72% of billed charges	72% of billed charges
E0642	Standing frame system, mobile, any size including pediatric	72% of billed charges	72% of billed charges

Oxygen

		Rent	Purchase
A4556	Electrodes (e.g., apnea monitor), per pair		\$ 6.38
A4557	Lead wires (e.g., apnea monitor), per pair		\$ 11.09
A4604	Tubing with integrated heating element for use with positive airway pressure device		\$ 44.32
A4615	Cannula, nasal		
A4619	Face tent		\$ 0.75
A4620	Variable Concentration Mask		\$ 0.45
A7005	Administration set, with small volume nonfiltered pneumatic nebulizer, non-disposable		\$ 19.06
A7015	Aerosol mask, used with DME nebulizer		\$ 1.16
A7027	Combination oral/nasal mask, used with continuous positive airway pressure device, each		\$ 115.35
A7028	Oral cushion for combination oral/nasal mask, replacement only, each		\$ 30.63
A7029	Nasal pillows for combination oral/nasal mask, replacement only, pair		\$ 12.51
A7030	Full face mask used with positive airway pressure device, each		\$ 57.98
A7031	Face mask interface, replacement for full face mask, each		\$ 43.15
A7032	Cushion for use on nasal mask interface, replacement only, each		\$ 25.06
A7033	Pillow for use on nasal cannula type interface, replacement only, pair		\$ 17.57
A7034	Nasal interface used with positive airway pressure device, with or without headstrap		\$ 72.75
A7035	Headgear used with positive airway pressure device		\$ 24.58
A7036	Chinstrap used with positive airway pressure device		\$ 11.25
A7037	Tubing used with positive airway pressure device		\$ 25.37
A7038	Filter, disposable, used with positive airway pressure device		\$ 3.33
A7039	Filter, non-disposable, used with positive airway pressure device		\$ 9.48
A7044	Oral interface used with positive airway pressure device, each		\$ 74.77
A7045	Exhalation port with or without swivel used with accessories for positive airway devices, replacement only		\$ 12.04
A7046	Water chamber for humidifier, used with positive airway pressure device, replacement, each		\$ 12.07
E0424	Stationary compressed gaseous oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask and tubing	\$ 122.69	
E0425	Stationary compressed gas system, purchase; includes regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing		72% of billed charges

E0430	Portable gaseous oxygen system, purchase; includes regulator, flowmeter, humidifier, cannula or mask, and tubing		72% of billed charges
E0431	Portable gaseous oxygen system, rental; includes portable container, regulator, flowmeter, humidifier, cannula or mask, and tubing	\$ 19.66	
E0433	Portable liquid oxygen system, rental; home liquefier used to fill portable liquid oxygen containers, includes portable containers, regulator, flowmeter, humidifier, cannula or contents gauge	\$ 31.92	
E0434	Portable liquid oxygen system, rental; includes portable container, supply reservoir, humidifier, flowmeter, refill adapter, contents gauge, cannula or mask, and tubing	\$ 19.66	
E0435	Portable liquid oxygen system, purchase; includes portable container, supply gauge, cannula or mask, tubing and refill adapterreservoir, flowmeter, humidifier, contents		72% of billed charges
E0439	Stationary liquid oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and	\$ 122.69	
E0440	Stationary liquid oxygen system, purchase; includes use of reservoir, contents nebulizer, cannula or mask, and tubing indicator, regulator, flowmeter, humidifier,	72% of billed charges	72% of billed charges
E0441	Stationary oxygen contents, gaseous, 1 month's supply = 1 unit		\$ 47.90
E0442	Stationary oxygen contents, liquid, 1 month's supply = 1 unit		\$ 47.90
E0443	Portable oxygen contents, gaseous, 1 month's supply = 1 unit (modifier NU)		\$ 47.90
E0443	Portable oxygen contents, gaseous, 1 month's supply = 1 unit (modifier SC)		\$ 13.04
E0444	Portable oxygen contents, liquid, 1 month's supply = 1 unit (modifier NU)		\$ 47.90
E0444	Portable oxygen contents, liquid, 1 month's supply = 1 unit (modifier SC)		\$ 13.04
E0450	Volume control ventilator, without pressure support mode, may include pressure control mode, used with invasive interface	\$ 501.73	
E0460	Negative pressure ventilator, portable or stationary		
E0461	Volume control ventilator, without pressure support mode, may include pressure control mode, used with non-invasive interface	\$ 501.73	
E0463	Pressure support ventilator with volume control mode, may include pressure control mode, used with invasive interface (e.g. tracheostomy tube)	\$ 869.70	
E0464	Pressure support ventilator with volume control mode, may include pressure control mode, used with non-invasive interface (e.g. mask)	\$ 869.70	

E0470	Respiratory assist device, bi-level pressure capability, without backup rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device)	\$ 152.33	\$ 1,827.89
E0471	Respiratory assist device, bi-level pressure capability, with back-up rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device)	\$ 397.12	\$ 4,765.45
E0472	Respiratory assist device, bi-level pressure capability, with backup rate feature, used with invasive interface, e.g., tracheostomy tube (intermittent assist device with continuous positive airway pressure device)	\$ 397.12	\$ 4,765.45
E0480	Percussor, electric or pneumatic, home model	\$ 26.71	\$ 320.50
E0481	Intrapulmonary percussive ventilation system and related accessories	72% of billed charges	
E0483	High frequency chest wall oscillation air-pulse generator system, each	\$ 317.67	
E0484	Oscillatory positive expiratory pressure device, non-electric, any type		\$ 22.83
E0487	Spirometer, electronic, includes all accessories	72% of billed charges	72% of billed charges
E0555	Humidifier, durable, glass or autoclavable plastic bottle type, for use with regulator or flowmeter	72% of billed charges	72% of billed charges
E0561	Humidifier, non-heated, used with positive airway pressure device	\$ 6.61	\$ 66.17
E0562	Humidifier, heated, used with positive airway pressure device	\$ 18.62	\$ 186.28
E0565	Compressor, air power source for equipment which is not self-contained or cylinder driven	\$ 37.73	\$ 452.75
E0570	Nebulizer, with compressor	\$ 9.96	\$ 119.47
E0600	Respiratory suction pump, home model, portable or stationary, electric	\$ 28.31	\$ 339.80
E0601	Continuous airway pressure (CPAP) device	\$ 65.09	\$ 471.18
E0618	Apnea monitor, without recording feature	\$ 161.40	72% of billed charges
E0619	Apnea monitor, with recording feature	\$ 161.40	72% of billed charges
E1353	Regulator	72% of billed charges	\$ 20.33

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E1354	Oxygen Accessory, wheeled cart for portable cylinder or portable concentrator, any type replacement only, each	72% of billed charges	72% of billed charges
E1355	Stand / Rack	72% of billed charges	72% of billed charges
E1356	Oxygen Accessory, battery pack / carriage for portable concentrator, any type, replacement only, each	72% of billed charges	72% of billed charges
E1357	Oxygen accessory, battery charger for portable concentrator, any type, replacement only, each	72% of billed charges	72% of billed charges
E1358	Oxygen accessory, DC Power adapter for portable concentrator, any type	72% of billed charges	72% of billed charges
E1390	Oxygen Concentrator, single delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate	\$ 112.43	\$ 839.09
E1391	Oxygen Concentrator, dual delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate, each	\$ 112.43	\$ 839.09

**Bathroom**

		Rent	Purchase
E0163	Commode chair with fixed arms		\$ 65.29
E0165	Commode chair with detachable arms		\$ 120.15
E0167	Pail or pan for use with commode chair, replacement only		\$ 8.50
E0168	Commode chair, extra wide and/or heavy duty, stationary, or		\$ 89.35
E0170	Commode chair with integrated seat lift mechanism, electric, any mobile, with or without arms, any type, each	\$ 95.15	\$ 1,141.75
E0171	Commode chair with integrated seat lift mechanism, non-electric, any type		\$ 205.45
E0240	Bath/shower chair, with or without wheels, any size		72% of Billed Charges
E0241	Bathtub wall rail, each		\$ 10.82
E0242	Bathtub rail, floor base		By Report
E0243	Toilet rail, each		\$ 31.64
E0244	Raised toilet seat		\$ 34.07
E0245	Tub stool or bench		\$ 40.75
E0246	Transfer tub rail attachment		\$ 27.44
E0247	Transfer bench for tub or toilet with or without commode opening		\$ 60.25
E0248	Transfer bench, heavy duty, for tub or toilet with or without commode opening		72% of Billed Charges

**Decubitus Care**

		Rent	Purchase
A4640	Replacement pad for use with medically necessary alternating pressure pad owned by patient		\$ 34.79
E0181	Pressure pad, alternating with pump	\$ 16.05	\$ 192.65
E0182	Replacement pump for alternating pressure pad		\$ 193.52
E0184	Dry pressure mattress	\$ 15.14	\$ 101.95
E0185	Gel or gel-like pressure pad for mattress, standard mattress length and width	\$ 27.68	\$ 197.04
E0186	Air pressure mattress	\$ 12.50	\$ 150.06
E0187	Water pressure mattress	\$ 14.30	\$ 171.57
E0188	Synthetic sheepskin pad	\$ 1.90	\$ 16.28
E0189	Lambswool sheepskin pad	\$ 3.47	\$ 32.01
E0193	Powered air flotation bed (low air loss therapy) (daily rental)	\$ 18.55	72% of billed charges
E0194	Air fluidized bed (daily rental)	N/A	N/A
E0196	Gel pressure mattress	\$ 20.01	\$ 240.16
E0197	Air pressure pad for mattress, standard mattress length and width	\$ 18.83	\$ 136.49
E0198	Water pressure pad for mattress, standard mattress length and width	\$ 14.33	\$ 138.33
E0199	Dry pressure pad for mattress, standard mattress length and width	\$ 1.96	\$ 19.74
E0210	Electric heat pad, standard	\$ 1.89	\$ 20.10
E0277	Powered pressure-reducing air mattress (daily rental)	\$ 14.45	72% of billed charges
E0371	Nonpowered advanced pressure reducing overlay for mattress, standard mattress length and width (daily rental)	\$ 8.18	72% of billed charges
E0372	Powered air overlay for mattress, standard mattress length and width (daily rental)	\$ 10.55	72% of billed charges
E0373	Nonpowered advanced pressure reducing mattress (daily rental)	\$ 11.37	72% of billed charges



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**Hospital Beds and Accessories**

		<b>Rent</b>	<b>Purchase</b>
E0271	Mattress, innerspring	\$ 14.45	\$ 119.66
E0272	Mattress, foam rubber	\$ 13.24	\$ 126.80
E0273	Bed board	72% of billed charges	72% of billed charges
E0291	Hospital bed, fixed height, without side rails, without mattress	\$ 28.92	\$ 347.07
E0293	Hospital bed, variable height, hi-lo, without side rails, without mattress	\$ 38.08	\$ 457.00
E0295	Hospital bed, semi-electric (head and foot adjustment), without side rails, without mattress	\$ 79.79	\$ 957.52
E0297	Hospital bed, total electric (head, foot, and height adjustments), without side rails, without mattress	\$ 84.99	\$ 1,019.93
E0300	Pediatric crib, hospital grade, fully enclosed	\$ 177.86	\$ 1,778.59
E0303	Hospital bed, heavy duty, extra wide, with weight capacity greater than 350 pounds, but less than or equal to 600 pounds, with any type side rails, with mattress	\$ 181.81	\$ 2,181.73
E0304	Hospital bed, extra heavy duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, with mattress	\$ 482.88	\$ 5,794.52
E0305	Bed side rails, half length	\$ 11.15	\$ 133.76
E0310	Bed side rails, full length	\$ 14.26	\$ 119.33
E0316	Safety enclosure frame/canopy for use with hospital bed, any type	\$ 127.30	\$ 1,527.60
E0328	Hospital bed, pediatric, manual, 360 degree side enclosures, top of headboard, footboard, and side rails up to 24 in. above the spring, includes, mattress	72% of billed charges	72% of billed charges
E0329	Hospital bed, pediatric, electric or semi-electric, 360 degree side enclosures, top of headboard, footboard, and side rails up to 24 in. above the spring, includes mattress	72% of billed charges	72% of billed charges

**Traction & Trapeze**

		Rent	Buy
E0840	Traction frame, attached to headboard, cervical traction	\$ 10.32	\$ 46.31
E0849	Traction equipment, cervical, free-standing stand/frame, pneumatic, applying traction force to other than mandible	\$ 32.56	\$ 325.68
E0850	Traction stand, freestanding, cervical traction	\$ 9.12	\$ 61.79
E0856	Cervical traction device, cervical collar with inflatable air bladder	\$ 9.72	\$ 97.34
E0860	Traction equipment, overdoor, cervical	\$ 4.12	\$ 24.35
E0870	Traction frame, attached to footboard, extremity traction (e.g. Buck's)	\$ 10.32	\$ 46.31
E0880	Traction stand, freestanding, extremity traction	\$ 9.12	\$ 61.79
E0890	Traction frame, attached to footboard, pelvic traction	\$ 10.32	\$ 46.31
E0900	Traction stand, freestanding, pelvic traction	\$ 9.12	\$ 61.79
E0910	Trapeze bars, A/K/A patient helper, attached to bed, with grab bar	\$ 11.14	\$ 133.71
E0911	Trapeze bar, heavy duty, for patient weight capacity greater than 250 pounds, attached to bed, with grab bar	\$ 31.51	\$ 378.06
E0912	Trapeze bar, heavy duty, for patient weight capacity greater than 250 pounds, free standing, with grab bar	\$ 72.35	\$ 868.14
E0920	Fracture frame, attached to bed, includes weights	\$ 24.79	\$ 297.44
E0930	Fracture frame, free standing, includes weights	\$ 26.04	\$ 312.46
E0935	Continuous passive motion exercise device for use on knee only (daily rental)	\$ 15.00	
E0936	Continuous passive motion exercise device for use other than knee (daily rental)	72% of billed charges	
E0940	Trapeze bar, free standing, complete with grab bar	\$ 21.41	\$ 256.95
E0942	Cervical head harness/halter	\$ 1.48	\$ 12.55
E0944	Pelvic belt/harness/boot	\$ 2.47	\$ 24.65
E0945	Extremity belt/harness	\$ 2.80	\$ 28.01
E0947	Fracture frame, attachments for complex pelvic traction	\$ 39.74	\$ 383.28
E0948	Fracture frame, attachments for complex cervical traction	\$ 37.06	\$ 370.72

<b>Misc. Items</b>			
		<b>Rent</b>	<b>Purchase</b>
A4556	Electrodes (e.g., apnea monitor), per pair		\$ 8.26
A4557	Lead wires (e.g., apnea monitor), per pair		\$ 14.35
A4595	TENS supplies, 2 lead, per month		\$ 18.14
A4660	Blood pressure apparatus with cuff and stethoscope		72% of billed charges
A4663	Blood pressure cuff only		72% of billed charges
A4670	Automatic blood pressure monitor		72% of billed charges
A6550	Wound care set, for negative pressure wound therapy electrical		\$ 19.99
A7000	Canister, disposable, used with suction pump, each		\$ 7.00
A7001	Canister, non-disposable, used with suction pump, each		\$ 21.17
A8000	Helmet, protective, soft, prefabricated, includes all components and accessories		\$ 98.14
A8001	Helmet, protective, hard, prefabricated, includes all components and accessories		\$ 98.14
A8004	Soft interface for helmet, replacement only		72% of billed charges
A9281	Reaching/grabbing device, any type, any length, each		72% of billed charges
A9284	ometer, nonelectronic, includes all accessories		72% of billed charges
A9900	Miscellaneous DME supply, accessory and/or service component of another HCPCS Code		72% of billed charges
E0210	Electric heat pad, standard		\$ 20.89
E0350	Control unit for electronic bowel irrigation/evacuation system	\$ 435.42	\$ 4,354.24
E0352	Disposable pack for use with the electronic bowel irrigation/evacuation system		\$ 29.14
E0602	Breast pump, manual, any type		\$ 18.90
E0603	Breast pump, electric, (AC or DC), any type. This is also known as a personal grade (single-user) electric breast pump		\$ 92.15

E0604	Breast pump, hospital grade, electric (AC and/or DC), any type. This is also known as a hospital grade (multi-user) electric breast pump.	\$ 2.72	
E0605	Vaporizer, room type		\$ 16.91
E0607	Home blood glucose monitor		\$ 42.77
E0705	Transfer board or device, any type, each	\$ 4.06	\$ 32.43
E0710	Restraints for the body, chest, wrist or ankle		72% of billed charges
E0720	TENS device, two lead, localized stimulation		\$ 199.96
E0730	TENS device, four or more leads, for multiple nerve stimulation		\$ 201.58
E0747	Osteogenesis stimulator; electrical, non-invasive, other than spinal applications		\$ 1,918.80
E0748	Osteogenesis stimulator, electrical, non-invasive, spinal applications		\$ 2,424.58
E0760	Osteogenesis stimulator, low intensity ultrasound, non-invasive		\$ 1,863.71
E0770	Functional electrical stimulator, transcutaneous stimulation of nerve and/or muscle groups, any type, complete system, not		72% of billed charges
E1399	Miscellaneous		72% of billed charges
<del>E2000</del>	<del>Gastric suction pump, home model, portable or stationary, electric</del>	<del>\$ 35.54</del>	<del>\$ 426.47</del>
E2100	Blood glucose monitor with integrated voice synthesizer		\$ 349.90
E2101	Blood glucose monitor with integrated lancing/blood sample		\$ 120.68
E2402	Negative pressure wound therapy electrical pump, stationary or portable (daily rental)	\$ 34.33	
E8000	Gait trainer, pediatric size, posterior support, includes all accessories and components	72% of billed charges	72% of billed charges
E8001	Gait trainer, pediatric size, upright support, includes all accessories and components	72% of billed charges	72% of billed charges
E8002	Gait trainer, pediatric size, anterior support, includes all accessories and components accessories and components	72% of billed charges	72% of billed charges
K0606	Automatic external defibrillator, with integrated electrocardiogram analysis, garment type	\$ 1,500.00	
K0739	Repair or non-routine service for durable medical equipment other than oxygen equipment requiring the skill of a technician, labor component, per 15 minutes		\$ 15.00

Diamond Respiratory Care, Inc.  
1403 Palmyrita Avenue  
Riverside, CA 92507  
(800) 977-3002

Request for Quote: MCARC162  
County of Riverside  
Durable Medical Equipment (DME), etc.

K0740	Repair or non-routine service for oxygen equipment requiring the skill of a technician, labor component, per 15 minutes		\$ 15.00
S8265	Haberman feeder for cleft lip/palate		\$ 14.82
T5001	Positioning seat for persons with special orthotic needs	72% of billed charges	72% of billed charges

**HIPAA BUSINESS ASSOCIATE ADDENDUM  
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and  
DIAMOND RESPIRATORY CARE, INC.**

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The HIPAA Business Associate Agreement (the "Addendum") supplements, and is made part of the **DME, Home Infusion, Nutrition Services** (the "Underlying Agreement") between the County of Riverside ("County") and **Diamond Respiratory Care, Inc.** ("Contractor") and shall be effective as of the date the Underlying Agreement is approved by both Parties (the "Effective Date").

**RECITALS**

WHEREAS, County and Contractor entered into the Underlying Agreement pursuant to which the Contractor provides services to County, and in conjunction with the provision of such services certain protected health information ("PHI") and/or certain electronic protected health information ("ePHI") may be created by or made available to Contractor for the purposes of carrying out its obligations under the Underlying Agreement; and,

WHEREAS, the provisions of the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), Public Law 104-191 enacted August 21, 1996, and the Health Information Technology for Economic and Clinical Health Act ("HITECH") of the American Recovery and Reinvestment Act of 2009, Public Law 111-5 enacted February 17, 2009, and the laws and regulations promulgated subsequent thereto, as may be amended from time to time, are applicable to the protection of any use or disclosure of PHI and/or ePHI pursuant to the Underlying Agreement; and,

WHEREAS, County is a covered entity, as defined in the Privacy Rule; and,

WHEREAS, Contractor when a creator or recipient of, or when they have access to, PHI and/or ePHI of County, is a business associate as defined in the Privacy Rule; and,

WHEREAS, pursuant to 42 USC §17931 and §17934, certain provisions of the Security Rule and Privacy Rule apply to a business associate of a covered entity in the same manner that they apply to the covered entity, the additional security and privacy requirements of HITECH are applicable to business associates and must be incorporated into the business associate agreement, and a business associate is liable for civil and criminal penalties for failure to comply with these security and/or privacy provisions; and,

WHEREAS, the parties mutually agree that any use or disclosure of PHI and/or ePHI must be in compliance with the Privacy Rule, Security Rule, HIPAA, HITECH and any other applicable law; and,

WHEREAS, the parties intend to enter into this Addendum to address the requirements and obligations set forth in the Privacy Rule, Security Rule, HITECH and HIPAA as they apply to Contractor as a business associate of County, including the establishment of permitted and required uses and disclosures of PHI and/or ePHI created or received by Contractor during the course of performing services on behalf of County, and appropriate limitations and conditions on such uses and disclosures;

NOW, THEREFORE, in consideration of the mutual promises and covenants contained herein, the parties agree as follows:

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**Definitions.** Terms used, but not otherwise defined, in this Addendum shall have the same meaning as those terms in HITECH, HIPAA, Security Rule and/or Privacy Rule, as may be amended from time to time.

“Breach” when used in connection with PHI means the acquisition, access, use or disclosure of PHI in a manner not permitted by the Privacy Rule which compromises the security or privacy of the PHI, and shall have the meaning given such term in 45 CFR §164.402. For purposes of this definition, “compromises the security or privacy of PHI” means poses a significant risk of financial, reputational, or other harm to the individual, unless a use or disclosure of PHI does not include the identifiers listed at 45 CFR §164.514(e)(2), date of birth and zip code. Breach excludes:

- (1) Any unintentional acquisition, access or use of PHI by a workforce member or person acting under the authority of a covered entity or business associate, if such acquisition, access or use was made in good faith and within the scope of authority and does not result in further use or disclosure in a manner not permitted under subpart E of the Privacy Rule.
  - (2) Any inadvertent disclosure by a person who is authorized to access PHI at a covered entity or business associate to another person authorized to access PHI at the same covered entity, business associate, or organized health care arrangement in which County participates, and the information received as a result of such disclosure is not further used or disclosed in a manner not permitted by subpart E of the Privacy Rule.
  - (3) A disclosure of PHI where a covered entity or business associate has a good faith belief that an unauthorized person to whom the disclosure was made would not reasonably have been able to retain such information.
- B. “Data aggregation” has meaning given such term in 45 CFR §164.501.
- C. “Designated record set” as defined in 45 CFR §164.501 means a group of records maintained by or for a covered entity that may include: the medical records and billing records about individuals maintained by or for a covered health care provider; the enrollment, payment, claims adjudication, and case or medical management record systems maintained by or for a health plan; or, used, in whole or in part, by or for the covered entity to make decisions about individuals.
- D. “Electronic protected health information” (“ePHI”) as defined in 45 CFR §160.103 means protected health information transmitted by or maintained in electronic media.
- E. “Electronic health record” means an electronic record of health-related information on an individual that is created, gathered, managed, and consulted by authorized health care clinicians and staff, and shall have the meaning given such term in 42 USC §17921(5).
- F. “Health care operations” has the meaning given such term in 45 CFR §164.501.

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- G. "Individual" as defined in 45 CFR §160.103 means the person who is the subject of protected health information.
  - H. "Person" as defined in 45 CFR §160.103 means a natural person, trust or estate, partnership, corporation, professional association or corporation, or other entity, public or private.
  - I. "Privacy Rule" means the HIPAA regulations codified at 45 CFR Parts 160 and 164, Subparts A and E.
  - J. "Protected health information" ("PHI") has the meaning given such term in 45 CFR §160.103, which includes ePHI.
  - K. "Required by law" has the meaning given such term in 45 CFR §164.103.
  - L. "Secretary" means the Secretary of the Department of Health and Human Services ("HHS").
  - M. "Security Rule" means the HIPAA Regulations codified at 45 CFR Parts 160 and 164, Subparts A and C.
  - N. "Unsecured protected health information" and "unsecured PHI" as defined in 45 CFR §164.402 means PHI not rendered unusable, unreadable, or indecipherable to unauthorized individuals through use of a technology or methodology specified by the Secretary in the guidance issued under 42 USC §17932(h)(2) on the HHS web site.
2. **Scope of Use and Disclosure by Contractor of County's PHI and/or ePHI.**
- A. Except as otherwise provided in this Addendum, Contractor may use, disclose, or access PHI and/or ePHI as necessary to perform any and all obligations of Contractor under the Underlying Agreement or to perform functions, activities or services for, or on behalf of, County as specified in this Addendum, if such use or disclosure does not violate HIPAA, HITECH, the Privacy Rule and/or Security Rule.
  - B. Unless otherwise limited herein, in addition to any other uses and/or disclosures permitted or authorized by this Addendum or required by law, in accordance with 45 CFR §164.504(e)(2), Contractor may:
    - (1) Use PHI and/or ePHI if necessary for Contractor's proper management and administration and to carry out its legal responsibilities; and,
    - (2) Disclose PHI and/or ePHI for the purpose of Contractor's proper management and administration or to carry out its legal responsibilities, only if:
      - (a) The disclosure is required by law; or,



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- (b) Contractor obtains reasonable assurances, in writing, from the person to whom Contractor will disclose such PHI and/or ePHI that the person will:
  - (i) Hold such PHI and/or ePHI in confidence and use or further disclose it only for the purpose for which Contractor disclosed it to the person, or as required by law; and,
  - (ii) Notify Contractor of any instances of which it becomes aware in which the confidentiality of the information has been breached; and,
- (3) Use PHI to provide data aggregation services relating to the health care operations of County pursuant to the Underlying Agreement or as requested by County; and,
- (4) De-identify all PHI and/or ePHI of County received by Contractor under this Addendum provided that the de-identification conforms to the requirements of the Privacy Rule and/or Security Rule and does not preclude timely payment and/or claims processing and receipt.
- C. Notwithstanding the foregoing, in any instance where applicable state and/or federal laws and/or regulations are more stringent in their requirements than the provisions of HIPAA, including, but not limited to, prohibiting disclosure of mental health and/or substance abuse records, the applicable state and/or federal laws and/or regulations shall control the disclosure of records.

**3. Prohibited Uses and Disclosures.**

- A. Contractor may neither use, disclose, nor access PHI and/or ePHI in a manner not authorized by the Underlying Agreement or this Addendum without patient authorization or de-identification of the PHI and/or ePHI and as authorized in writing from County.
- B. Contractor may neither use, disclose, nor access PHI and/or ePHI it receives from County or from another business associate of County, except as permitted or required by this Addendum, or as required by law.
- C. Contractor agrees not to make any disclosure of PHI and/or ePHI that County would be prohibited from making.
- D. Contractor shall not use or disclose PHI for any purpose prohibited by the Privacy Rule, Security Rule, HIPAA and/or HITECH, including, but not limited to 42 USC §§17935 and 17936. Contractor agrees:
  - (1) Not to use or disclose PHI for fundraising or marketing purposes, unless pursuant to the Underlying Agreement and as permitted by and consistent with the requirements of 42 USC §17936;
  - (2) Not to disclose PHI, except as otherwise required by law, to a health plan for purposes of carrying out payment or health care operations, if the individual has requested this

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restriction pursuant to 42 USC §17935(a) and 45 CFR §164.522, and has paid out of pocket in full for the health care item or service to which the PHI solely relates; and,

- (3) Not to receive, directly or indirectly, remuneration in exchange for PHI, unless permitted by 42 USC §17935(d)(2) and with the prior written consent of County. This prohibition shall not apply to payment by County to Contractor for services provided pursuant to the Underlying Agreement.

**4. Obligations of County.**

- A. County agrees to make its best efforts to notify Contractor promptly in writing of any restrictions on the use or disclosure of PHI and/or ePHI agreed to by County that may affect Contractor's ability to perform its obligations under the Underlying Agreement, or this Addendum.
- B. County agrees to make its best efforts to promptly notify Contractor in writing of any changes in, or revocation of, permission by any individual to use or disclose PHI and/or ePHI, if such changes or revocation may affect Contractor's ability to perform its obligations under the Underlying Agreement, or this Addendum.
- C. County agrees to make its best efforts to promptly notify Contractor in writing of any known limitation(s) in its notice of privacy practices to the extent that such limitation may affect Contractor's use or disclosure of PHI and/or ePHI.
- D. County agrees not to request Contractor to use or disclose PHI and/or ePHI in any manner that would not be permissible under HITECH, HIPAA, the Privacy Rule, and/or Security Rule.
- E. County agrees to obtain any authorizations necessary for the use or disclosure of PHI and/or ePHI, so that Contractor can perform its obligations under this Addendum and/or Underlying Agreement.

**5. Obligations of Contractor.** In connection with the use or disclosure of PHI and/or ePHI, Contractor agrees to:

- A. Use or disclose PHI only if such use or disclosure complies with each applicable requirement of 45 CFR §164.504(e). Contractor shall also comply with the additional privacy requirements that are applicable to covered entities in HITECH, as may be amended from time to time.
- B. Not use or further disclose PHI and/or ePHI other than as permitted or required by this Addendum or as required by law. Contractor shall promptly notify County if Contractor is required by law to disclose PHI and/or ePHI.
- C. Use appropriate safeguards to prevent use or disclosure of PHI and/or ePHI other than as provided for by this Addendum.

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- D. Mitigate, to the extent practicable, any harmful effect that is known to Contractor of a use or disclosure of PHI and/or ePHI by Contractor in violation of this Addendum.
  - E. Report to County any use or disclosure of PHI and/or ePHI not provided for by this Addendum or otherwise in violation of HITECH, HIPAA, the Privacy Rule, and/or Security Rule of which Contractor becomes aware.
  - F. Require any subcontractors or agents to whom Contractor provides PHI and/or ePHI to agree to the same restrictions and conditions that apply to Contractor with respect to such PHI and/or ePHI, including the restrictions and conditions pursuant to this Addendum.
  - G. Make available to County or the Secretary, in the time and manner designated by County or Secretary, Contractor's internal practices, books and records relating to the use, disclosure and privacy protection of PHI received from County, or created or received by Contractor on behalf of County, for purposes of determining, investigating or auditing Contractor's and/or County's compliance with the Privacy Rule.
  - H. Request, use or disclose only the minimum amount of PHI necessary to accomplish the intended purpose of the request, use or disclosure in accordance with 42 USC §17935(b) and 45 CFR §164.502(b)(1).
  - I. Comply with requirements of satisfactory assurances under 45 CFR §164.512 relating to notice or qualified protective order in response to a third party's subpoena, discovery request, or other lawful process for the disclosure of PHI, which Contractor shall promptly notify County upon Contractor's receipt of such request from a third party.
  - J. Not require an individual to provide patient authorization for use or disclosure of PHI as a condition for treatment, payment, enrollment in any health plan (including the health plan administered by County), or eligibility of benefits, unless otherwise excepted under 45 CFR §164.508(b)(4) and authorized in writing by County.
  - K. Use appropriate administrative, technical and physical safeguards to prevent inappropriate use, disclosure, or access of PHI and/or ePHI.
  - L. Obtain and maintain knowledge of applicable laws and regulations related to HIPAA and HITECH, as may be amended from time to time.
6. **Access to PHI, Amendment and Disclosure Accounting.** Contractor agrees to:
- A. **Access to PHI and electronic health record.** Provide access to PHI in a designated record set to County or an individual as directed by County, within five (5) days of request from County, to satisfy the requirements of 45 CFR §164.524. If Contractor uses or maintains electronic health records, Contractor shall, at the request of County, provide electronic health records in electronic format to enable County to fulfill its obligations under 42 USC §17935(e).

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- B. **Amendment of PHI.** Make PHI available for amendment and incorporate amendments to PHI in a designated record set County directs or agrees to at the request of an individual, within fifteen (15) days of receiving a written request from County, in accordance with 45 CFR §164.526.
- C. **Accounting of disclosures of PHI and electronic health record.** Assist County to fulfill its obligations to provide accounting of disclosures of PHI under 45 CFR §164.528 and, where applicable, electronic health records under 42 USC §17935(c) if Contractor uses or maintains electronic health records. Contractor shall:
- (1) Document such disclosures of PHI and/or electronic health records, and information related to such disclosures, as would be required for County to respond to a request by an individual for an accounting of disclosures of PHI and/or electronic health record in accordance with 45 CFR §164.528.
  - (2) Within fifteen (15) days of receiving a written request from County, provide to County or any individual as directed by County information collected in accordance with this section to permit County to respond to a request by an individual for an accounting of disclosures of PHI and/or electronic health record.
  - (3) Make available for County information required by this section for six (6) years preceding the individual's request for accounting of disclosures of PHI, and for three (3) years preceding the individual's request for accounting of disclosures of electronic health record.
7. **Security of ePHI.** In the event Contractor needs to create, receive, or have access to County ePHI, in accordance with 42 USC §17931 and 45 CFR §§164.314(a)(2)(i), and 164.306, Contractor shall:
- A. Implement the administrative, physical, and technical safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of ePHI that Contractor creates, receives, maintains, or transmits on behalf of County as required by the Security Rule, including without limitations, each of the requirements of the Security Rule at 45 CFR §§164.308, 164.310, and 164.312;
  - B. Comply with each of the requirements of 45 CFR §164.316 relating to the implementation of policies, procedures and documentation requirements with respect to ePHI;
  - C. Protect against any reasonably anticipated threats or hazards to the security or integrity of ePHI;
  - D. Protect against any reasonably anticipated uses or disclosures of ePHI that are not permitted or required under the Privacy Rule;
  - E. Ensure compliance by Contractor's workforce;

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- F. Ensure that any agent, including a subcontractor, to whom it provides ePHI agrees to implement reasonable appropriate safeguards to protect it;
  - G. Report to County any security incident of which Contractor becomes aware; and,
  - H. Comply with any additional security requirements that are applicable to covered entities in Title 42 (Public Health and Welfare) of the United States Code, as may be amended from time to time, including but not limited to HITECH.
8. **Breach of Unsecured PHI.** In the case of breach of unsecured PHI, Contractor shall comply with the applicable provisions of 42 USC §17932 and 45 CFR Part 164, Subpart D, including but not limited to 45 CFR §164.410.
- A. **Discovery and notification.** Following the discovery of a breach of unsecured PHI, Contractor shall notify County in writing of such breach without unreasonable delay and in no case later than 60 calendar days after discovery of a breach, except as provided in 45 CFR §164.412.
- (1) **Breaches treated as discovered.** A breach is treated as discovered by Contractor as of the first day on which such breach is known to Contractor or, by exercising reasonable diligence, would have been known to Contractor, which includes any person, other than the person committing the breach, who is an employee, officer, or other agent of Contractor (determined in accordance with the federal common law of agency).
  - (2) **Content of notification.** The written notification to County relating to breach of unsecured PHI shall include, to the extent possible, the following information if known (or can be reasonably obtained) by Contractor:
    - (a) The identification of each individual whose unsecured PHI has been, or is reasonably believed by Contractor to have been accessed, acquired, used or disclosed during the breach;
    - (b) A brief description of what happened, including the date of the breach and the date of the discovery of the breach, if known;
    - (c) A description of the types of unsecured PHI involved in the breach, such as whether full name, social security number, date of birth, home address, account number, diagnosis, disability code, or other types of information were involved;
    - (d) Any steps individuals should take to protect themselves from potential harm resulting from the breach;
    - (e) A brief description of what Contractor is doing to investigate the breach, to mitigate harm to individuals, and to protect against any further breaches; and,

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- (f) Contact procedures for individuals to ask questions or learn additional information, which shall include a toll-free telephone number, an e-mail address, web site, or postal address.
- B. **Cooperation.** With respect to any breach of unsecured PHI reported by Contractor, Contractor shall cooperate with County and shall provide County with any information requested by County to enable County to fulfill in a timely manner its own reporting and notification obligations, including but not limited to providing notice to individuals, media outlets and the Secretary in accordance with 42 USC §17932 and 45 CFR §§ 164.404, 164.406 and 164.408.
- C. **Breach log.** To the extent breach of unsecured PHI involves less than 500 individuals, Contractor shall maintain a log or other documentation of such breaches and provide such log or other documentation on an annual basis to County not later than fifteen (15) days after the end of each calendar year for submission to the Secretary.
- D. **Delay of notification authorized by law enforcement.** If Contractor delays notification of breach of unsecured PHI pursuant to a law enforcement official's statement that required notification, notice or posting would impede a criminal investigation or cause damage to national security, Contractor shall maintain documentation sufficient to demonstrate its compliance with the requirements of 45 CFR §164.412.
- E. **Payment of costs.** With respect to any breach of unsecured PHI caused solely by the Contractor's failure to comply with one or more of its obligations under this Addendum and/or the provisions of HITECH, HIPAA, the Privacy Rule or the Security Rule, Contractor agrees to pay any and all costs associated with providing all legally required notifications to individuals, media outlets, and the Secretary. This provision shall not be construed to limit or diminish Contractor's obligations to indemnify, defend and hold harmless County under Section 9 of this Addendum.
- F. **Documentation.** Pursuant to 45 CFR §164.414(b), in the event Contractor's use or disclosure of PHI and/or ePHI violates the Privacy Rule, Contractor shall maintain documentation sufficient to demonstrate that all notifications were made by Contractor as required by 45 CFR Part 164, Subpart D, or that such use or disclosure did not constitute a breach.
9. **Hold Harmless/Indemnification.**
- A. Contractor agrees to indemnify and hold harmless County, all Agencies, Districts, Special Districts and Departments of County, their respective directors, officers, Board of Supervisors, elected and appointed officials, employees, agents and representatives from any liability whatsoever, based or asserted upon any services of Contractor, its officers, employees, subcontractors, agents or representatives arising out of or in any way relating to this Addendum, including but not limited to property damage, bodily injury, death, or any other element of any kind or nature whatsoever arising from the performance of Contractor, its officers, agents, employees, subcontractors, agents or representatives from this Addendum.

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Contractor shall defend, at its sole expense, all costs and fees, including but not limited to attorney fees, cost of investigation, defense and settlements or awards, of County, all Agencies, Districts, Special Districts and Departments of County, their respective directors, officers, Board of Supervisors, elected and appointed officials, employees, agents or representatives in any claim or action based upon such alleged acts or omissions.

- B. With respect to any action or claim subject to indemnification herein by Contractor, Contractor shall, at their sole cost, have the right to use counsel of their choice, subject to the approval of County, which shall not be unreasonably withheld, and shall have the right to adjust, settle, or compromise any such action or claim without the prior consent of County; provided, however, that any such adjustment, settlement or compromise in no manner whatsoever limits or circumscribes Contractor's indemnification to County as set forth herein. Contractor's obligation to defend, indemnify and hold harmless County shall be subject to County having given Contractor written notice within a reasonable period of time of the claim or of the commencement of the related action, as the case may be, and information and reasonable assistance, at Contractor's expense, for the defense or settlement thereof. Contractor's obligation hereunder shall be satisfied when Contractor has provided to County the appropriate form of dismissal relieving County from any liability for the action or claim involved.
  - C. The specified insurance limits required in the Underlying Agreement of this Addendum shall in no way limit or circumscribe Contractor's obligations to indemnify and hold harmless County herein from third party claims arising from issues of this Addendum.
  - D. In the event there is conflict between this clause and California Civil Code §2782, this clause shall be interpreted to comply with Civil Code §2782. Such interpretation shall not relieve the Contractor from indemnifying County to the fullest extent allowed by law.
  - E. In the event there is a conflict between this indemnification clause and an indemnification clause contained in the Underlying Agreement of this Addendum, this indemnification shall only apply to the subject issues included within this Addendum.
10. **Term.** This Addendum shall commence upon the Effective Date and shall terminate when all PHI and/or ePHI provided by County to Contractor, or created or received by Contractor on behalf of County, is destroyed or returned to County, or, if it is infeasible to return or destroy PHI and/ePHI, protections are extended to such information, in accordance with section 11.B of this Addendum.

**11. Termination.**

- A. **Termination for Breach of Contract.** A breach of any provision of this Addendum by either party shall constitute a material breach of the Underlying Agreement and will provide grounds for terminating this Addendum and the Underlying Agreement with or without an opportunity to cure the breach, notwithstanding any provision in the Underlying Agreement to the contrary. Either party, upon written notice to the other party describing the breach, may take any of the following actions:

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- (1) Terminate the Underlying Agreement and this Addendum, effective immediately, if the other party breaches a material provision of this Addendum.
- (2) Provide the other party with an opportunity to cure the alleged material breach and in the event the other party fails to cure the breach to the satisfaction of the non-breaching party in a timely manner, the non-breaching party has the right to immediately terminate the Underlying Agreement and this Addendum.
- (3) If termination of the Underlying Agreement is not feasible, the non-breaching party may report the problem to the Secretary, and upon the non-breaching party's request, the breaching party at its own expense shall implement a plan to cure the breach and report regularly on its compliance with such plan to the non-breaching party.

**B. Effect of Termination.**

- (1) Upon termination of this Addendum, for any reason, Contractor shall return or destroy all PHI and/or ePHI received from County, or created or received by the Contractor on behalf of County, and, in the event of destruction, Contractor shall certify such destruction, in writing, to County. This provision shall apply to all PHI and/or ePHI which are in the possession of subcontractors or agents of Contractor. Contractor shall retain no copies of PHI and/or ePHI, except as provided below in paragraph (2) of this section.
- (2) In the event that Contractor determines that returning or destroying the PHI and/or ePHI is not feasible, Contractor shall provide written notification to County of the conditions that make such return or destruction not feasible. Upon determination by Contractor that return or destruction of PHI and/or ePHI is not feasible, Contractor shall extend the protections of this Addendum to such PHI and/or ePHI and limit further uses and disclosures of such PHI and/or ePHI to those purposes which make the return or destruction not feasible, for so long as Contractor maintains such PHI and/or ePHI.

**12. General Provisions.**

- A. **Retention Period.** Whenever Contractor is required to document or maintain documentation pursuant to the terms of this Addendum, Contractor shall retain such documentation for 6 years from the date of its creation or as otherwise prescribed by law, whichever is later.
- B. **Amendment.** The parties agree to take such action as is necessary to amend this Addendum from time to time as is necessary for County to comply with HITECH, the Privacy Rule, Security Rule, and HIPAA generally.
- C. **Survival.** The obligations of Contractor under Sections 3, 5, 6, 7, 8, 9, 11.B and 12.A of this Addendum shall survive the termination or expiration of this Addendum.



**HIPAA BUSINESS ASSOCIATE ADDENDUM  
TO THE AGREEMENT BETWEEN RIVERSIDE COUNTY  
and  
DIAMOND RESPIRATORY CARE, INC.**

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- D. Regulatory and Statutory References.** A reference in this Addendum to a section in HITECH, HIPAA, the Privacy Rule and/or Security Rule means the section(s) as in effect or as amended.
- E. Conflicts.** The provisions of this Addendum shall prevail over any provisions in the Underlying Agreement that conflict or appear inconsistent with any provision in this Addendum.
- F. Interpretation of Addendum.**
- (1) This Addendum shall be construed to be part of the Underlying Agreement as one document. The purpose is to supplement the Underlying Agreement to include the requirements of the Privacy Rule, Security Rule, HIPAA and HITECH.
  - (2) Any ambiguity between this Addendum and the Underlying Agreement shall be resolved to permit County to comply with the Privacy Rule, Security Rule, HIPAA and HITECH generally.
- G. Notices to County.** All notifications required to be given by Contractor pursuant to the terms of this Addendum shall be in writing and delivered to the County by either registered or certified mail return receipt requested or guaranteed overnight mail with tracing capability at the address listed below, or at such other address as County may hereafter designate. All notices provided by Contractor pursuant to this Section shall be deemed given or made when received by County.

Name: Riverside County Regional Medical Center, Compliance Department

Title: Compliance and Privacy Officer

Address: 26520 Cactus Avenue, Moreno Valley, CA 92555

**PROFESSIONAL SERVICE AGREEMENT**

**for**

**DURABLE MEDICAL EQUIPMENT (DME), HOME INFUSION, NUTRITION SERVICES**

**between**

**COUNTY OF RIVERSIDE**

**and**

**APRIA HEALTHCARE, INC.**

**CORAM ALTERNATE SITE SERVICES, INC.**

**CORAM HEALTHCARE CORPORATION OF SOUTHERN CALIFORNIA**



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This Agreement, made and entered into this 1<sup>st</sup> day of August, 2011, by and between **Apria Healthcare, Inc.** ("APRIA"), a Delaware corporation, **Coram Healthcare Corporation of Southern California** ("CHCSC"), a Delaware corporation and a wholly owned subsidiary of APRIA, **Coram Alternate Site Services, Inc.** ("CASS"), a Delaware corporation and a wholly owned subsidiary of APRIA (APRIA, CHCSC and CASS are herein referred to, collectively, as "CONTRACTOR"), and the COUNTY OF RIVERSIDE, a political subdivision of the State of California, (herein referred to as "COUNTY"). The parties agree as follows:

**1. Description of Services**

**1.1** CONTRACTOR shall provide all services as outlined and specified in **Exhibit A, Exhibit A-1 and Exhibit A-2**, Scope of Work, at the prices stated in **Exhibit B-1 and Exhibit B-2**, Fee Schedule.

**1.2** CONTRACTOR represents that it has the skills, experience and knowledge necessary to fully and adequately perform under this Agreement and the COUNTY relies upon this representation. CONTRACTOR shall perform to the satisfaction of the COUNTY and in conformance to and consistent with the highest standards of firms/professionals in the same discipline in the State of California.

**1.3** CONTRACTOR affirms this it is fully apprised of all of the work to be performed under this Agreement; and the CONTRACTOR agrees it can properly perform this work at the prices stated in Exhibit B-1 and Exhibit B-2. CONTRACTOR is not to perform services or provide products outside of the Agreement.

**1.4** Acceptance by the COUNTY of the CONTRACTOR's performance under this Agreement does not operate as a release of CONTRACTOR's responsibility for full compliance with the terms of this Agreement.

**2. Period of Performance**

**2.1** This Agreement shall be effective August 1, 2011 and continue in effect through June 30, 2012, with the option to renew annually continuing up to the program expiration date of December 31, 2013, unless terminated earlier. CONTRACTOR shall commence performance upon signature of this Agreement by both parties and shall diligently and continuously perform thereafter.

### **3. Compensation**

**3.1** The COUNTY shall pay the CONTRACTOR for services performed, products provided and expenses incurred in accordance with the terms of Exhibit B-1 and Exhibit B-2, Fee Schedule. Maximum payments by COUNTY to CONTRACTOR shall not exceed seven hundred thousand dollars (\$700,000) annually including all expenses. The COUNTY is not responsible for any fees or costs incurred above or beyond the contracted amount and shall have no obligation to purchase any specified amount of services or products. Unless otherwise specifically stated in Exhibit B-1 and Exhibit B-2, COUNTY shall not be responsible for payment of any of CONTRACTOR's expenses related to this Agreement.

**3.2** CONTRACTOR rates shall not exceed Medi-Cal Allowable rates unless otherwise specified in Exhibit B-1 and Exhibit B-2.

**3.3** CONTRACTOR shall be paid only in accordance with an invoice submitted to COUNTY by CONTRACTOR within forty five (45) days from the last day of each calendar month, and COUNTY shall pay the invoice within thirty (30) working days from the date of receipt of the invoice. Payment shall be made to CONTRACTOR only after services have been rendered or delivery of materials or products, and acceptance has been made by COUNTY. Prepare invoices in duplicate. For this Agreement, send the original and duplicate copies of invoices to:

**Riverside County Health Care**

**PO Box 11759**

**San Bernardino, CA 92423-1759**

- a) Each invoice shall contain a minimum of the following information: Patient Name, Patient ID#, Patient Date of Birth, HCFA 1500 Form or its successor to include Authorization #; item descriptions, unit prices, quantity, and an invoice total.
- b) Invoices shall be rendered monthly in arrears.

**3.4** The COUNTY obligation for payment of this Agreement beyond the current fiscal year end is contingent upon and limited by the availability of COUNTY funding from which payment can be made. No legal liability on the part of the COUNTY shall arise for payment beyond June 30 of each calendar year unless funds are made available for such payment. In the event that such funds are not forthcoming for any reason, COUNTY shall immediately notify CONTRACTOR in writing; and this Agreement shall be deemed terminated, have no further force, and effect. Should COUNTY

funding be discontinued in future fiscal years, CONTRACTOR will notify patients of their ongoing financial responsibility for continuation of homecare services.

**4. Alteration or Changes to the Agreement**

4.1 The Board of Supervisors and the COUNTY Purchasing Agent and/or his designee are the only authorized COUNTY representatives who may at any time, by written order, alter this Agreement. If any such alteration causes an increase or decrease in the cost of, or the time required for the performance under this Agreement, an equitable adjustment shall be made in the Agreement price or delivery schedule, or both, and the Agreement shall be modified by written amendment signed by authorized representatives of both parties.

4.2 Any claim by the CONTRACTOR for additional payment related to this Agreement shall be made in writing by the CONTRACTOR within 45 days of when the CONTRACTOR has or should have notice of any actual or claimed change in the work, which results in additional and unanticipated cost to the CONTRACTOR. If the COUNTY Purchasing Agent decides that the facts provide sufficient justification, he may authorize additional payment to the CONTRACTOR pursuant to the claim. Nothing in this section shall excuse the CONTRACTOR from proceeding with performance of the Agreement even if there has been a change.

4.3 All payments of any kind due to either party under this Agreement shall be made within the time periods specified in this Agreement.

**5. Termination**

5.1 Either party may terminate this Agreement without cause by giving written notice to the other party at least forty five (45) days in advance of the termination specified in such.

5.2 COUNTY may, upon thirty (30) days written notice, terminate this Agreement for CONTRACTOR's default, if CONTRACTOR refuses or fails to comply with the terms of this Agreement or fails to make progress to endanger performance and does not immediately cure such failure. In the event of such termination, the COUNTY may proceed with the work in any manner deemed proper by COUNTY.

5.3 After receipt of the notice of termination, CONTRACTOR shall:

- (a) Transfer to COUNTY and deliver in the manner as directed by COUNTY any materials, reports or other products, which, if the Agreement had been completed or continued, would have been required to be furnished to COUNTY.

5.4 After termination, COUNTY shall make payment for CONTRACTOR's performance up to the date of termination in accordance with this Agreement and at the rates set forth in Exhibit B-1 and Exhibit B-2.

5.5 The rights and remedies of COUNTY provided in this section shall not be exclusive and are in addition to any other rights and remedies provided by law or this Agreement.

6. **Ownership/Use of Contract Materials and Products**

Unless otherwise specified as confidential and proprietary, the CONTRACTOR agrees that all materials, reports or products in any form, including electronic, created by CONTRACTOR for which CONTRACTOR has been compensated by COUNTY pursuant to this Agreement shall be the sole property of the COUNTY; and may be used by the COUNTY for any purpose COUNTY deems to be appropriate, including, but not limit to, duplication and/or distribution within the COUNTY or to third parties. CONTRACTOR agrees not to release or circulate in whole or part such materials, reports or products without prior written authorization of the COUNTY.

7. **Conduct of Contractor**

7.1 The CONTRACTOR covenants that it presently has no interest, including, but not limited to, other projects or contracts, and shall not acquire any such interest, direct or indirect, which would conflict in any manner or degree with CONTRACTOR's performance under this Agreement. The CONTRACTOR further covenants that no person or subcontractor having any such interest shall be employed or retained by CONTRACTOR under this Agreement. The CONTRACTOR agrees to inform the COUNTY of all the CONTRACTOR's interests, if any, which are or may be perceived as incompatible with the COUNTY's interests.

7.2 The CONTRACTOR shall not, under circumstances which could be interpreted as an attempt to influence the recipient in the conduct of his/her duties, accept any gratuity or special favor from individuals or firms with whom the CONTRACTOR is doing business or proposing to do business, in accomplishing the work under this Agreement.

7.3 The CONTRACTOR or its employees shall not offer gifts, gratuity, favors, and entertainment directly or indirectly to COUNTY employees.

**8. Inspection of Service; Quality Control/Assurance**

**8.1** All performance (which includes services, workmanship, materials, supplies and equipment furnished or utilized in the performance of this Agreement) shall be subject to inspection and test by the COUNTY or other regulatory agencies at all times. The CONTRACTOR shall provide adequate cooperation to any inspector or other COUNTY representative to permit him/her to determine the CONTRACTOR's conformity with the terms of this Agreement. If any services performed or products provided by CONTRACTOR are not in conformance with the terms of this Agreement, the COUNTY shall have the right to require the CONTRACTOR to perform the services or provide the products in conformance with the terms of the Agreement at no additional cost to the COUNTY. When the services to be performed or the products to be provided are of such nature that the difference cannot be corrected, the COUNTY shall have the right to: (1) require the CONTRACTOR immediately to take all necessary steps to ensure future performance in conformity with the terms of the Agreement; and/or (2) reduce the Agreement price to reflect the reduced value of the services performed or products provided. The COUNTY may also terminate this Agreement for default and charge to CONTRACTOR any costs incurred by the COUNTY because of the CONTRACTOR's failure to perform.

**8.2** CONTRACTOR shall establish adequate procedures for self-monitoring and quality control and assurance to ensure proper performance under this Agreement; and shall permit a COUNTY representative or other regulatory official to monitor, assess or evaluate CONTRACTOR's performance under this Agreement at any time upon reasonable notice to CONTRACTOR.

**9. Independent Contractor**

The CONTRACTOR is, for purposes relating to this Agreement, an independent contractor and shall not be deemed an employee of the COUNTY. It is expressly understood and agreed that the CONTRACTOR (including its employees, agents and subcontractors) shall in no event be entitled to any benefits to which COUNTY employees are entitled, including but not limited to overtime, any retirement benefits, worker's compensation benefits, and injury leave or other leave benefits. There shall be no employer-employee relationship between the parties; and CONTRACTOR shall hold COUNTY harmless from any and all claims that may be made against COUNTY based upon any contention by a third party that an employer-employee relationship exists by reason of this Agreement. It is further understood and agreed by the parties that CONTRACTOR in the performance of this



Agreement is subject to the control or direction of COUNTY merely as to the results to be accomplished and not as to the means and methods for accomplishing the results.

**10. Subcontract for Work or Services**

10.1 No contract shall be made by the CONTRACTOR with any other party for furnishing any of the work or services under this Agreement without the prior written approval of the COUNTY; but this provision shall not require the approval of contracts of employment between the CONTRACTOR and personnel assigned under this Agreement, or for parties named in the proposal and agreed to under this Agreement.

10.2 The parties understand and agree that CONTRACTOR may utilize other entities such as answering and billing services to assist in the performance of certain ancillary functions not constituting as work or services under this agreement. In this regard, CONTRACTOR warrants that such entities shall conduct their activities in compliance with this Agreement and all applicable laws and regulations, including but not limited to those applicable to any Medicare or Medicaid patients served hereunder, and comply with the requirements applicable to business associates under HIPAA and shall be subject to all obligations of confidentiality that apply to CONTRACTOR hereunder.

10.3 Should CONTRACTOR utilize subcontractor(s) to perform ancillary functions under this agreement, CONTRACTOR shall require subcontractor(s) to abide to the same terms and conditions as stipulated in this Agreement. CONTRACTOR is fully responsible for all reimbursements to subcontractor(s) and COUNTY is not obligated and/or responsible to reimburse these subcontractor(s) for any work performed under this Agreement.

**11. Disputes**

11.1 The parties shall attempt to resolve any disputes amicably at the working level. If that is not successful, the dispute shall be referred to the senior management of the parties. Any dispute relating to this Agreement, which is not resolved by the parties, shall be decided by the COUNTY's Purchasing Department's Compliance Contract Officer who shall furnish the decision in writing. The decision of the COUNTY's Compliance Contract Officer shall be final and conclusive unless determined by a court of competent jurisdiction to have been fraudulent, capricious, arbitrary, or so grossly erroneous as necessarily to imply bad faith. The CONTRACTOR shall proceed diligently with the performance of this Agreement pending the resolution of a dispute.

**11.2** Prior to the filing of any legal action related to this Agreement, the parties shall be obligated to attend a mediation session in Riverside County before a neutral third party mediator. A second mediation session shall be required if the first session is not successful. The parties shall share the cost of the mediations.

**12. Licensing and Permits**

CONTRACTOR shall comply with all State or other licensing requirements, including but not limited to the provisions of Chapter 9 of Division 3 of the Business and Professions Code. All licensing requirements shall be met at the time proposals are submitted to the COUNTY. CONTRACTOR warrants that it has all necessary permits, approvals, certificates, waivers and exemptions necessary for performance of this Agreement as required by the laws and regulations of the United States, the State of California, the County of Riverside and all other governmental agencies with jurisdiction, and shall maintain these throughout the term of this Agreement.

**13. Non-Discrimination**

CONTRACTOR shall not be discriminate in the provision of services, allocation of benefits, accommodation in facilities, or employment of personnel on the basis of ethnic group identification, race, religious creed, color, national origin, ancestry, physical handicap, medical condition, marital status or sex in the performance of this Agreement; and, to the extent they shall be found to be applicable hereto, shall comply with the provisions of the California Fair Employment and Housing Act (Gov. Code 12900 et. seq), the Federal Civil Rights Act of 1964 (P.L. 88-352), the Americans with Disabilities Act of 1990 (42 U.S.C. S1210 et seq.) and all other applicable laws or regulations.

**14. Records and Documents**

As legally required, CONTRACTOR shall make available, upon written request by any duly authorized Federal, State or COUNTY agency, a copy of this Agreement and such books, documents and records as are necessary to certify the nature and extent of the CONTRACTOR's costs related to this Agreement. All such books, documents and records shall be maintained by CONTRACTOR for at least five years following termination of this Agreement and be available for audit by the COUNTY. CONTRACTOR shall provide to the COUNTY reports and information related to this Agreement as requested by COUNTY.

**15. Confidentiality**

**15.1** The CONTRACTOR shall not use for personal gain or make other improper use of privileged or confidential information which is acquired in connection with this Agreement. The term "privileged or confidential information" includes but is not limited to: unpublished or sensitive technological or scientific information; medical, personnel, or security records; anticipated material requirements or pricing/purchasing actions; COUNTY information or data which is not subject to public disclosure; COUNTY operational procedures; and knowledge of selection of contractors, subcontractors or suppliers in advance of official announcement.

**15.2** The CONTRACTOR shall protect from unauthorized disclosure names and other identifying information concerning persons receiving services pursuant to this Agreement, except for general statistical information not identifying any person. The CONTRACTOR shall not use such information for any purpose other than carrying out the CONTRACTOR's obligations under this Agreement. The CONTRACTOR shall promptly transmit to the COUNTY all third party requests for disclosure of such information. The CONTRACTOR shall not disclose, except as otherwise specifically permitted by this Agreement or authorized in advance in writing by the COUNTY, any such information to anyone other than the COUNTY. For purposes of this paragraph, identity shall include, but not be limited to, name, identifying number, symbol, or other identifying particular assigned to the individual, such as finger or voice print or a photograph.

**15.3** The CONTRACTOR is subject to and shall operate in compliance with all relevant requirements contained in the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Public Law 104-191, enacted August 21, 1996, and the related laws and regulations promulgated subsequent thereto. CONTRACTOR declares they understand COUNTY's interest in ensuring COUNTY meet all requirements set forth in the HIPAA and HITECH regulations. CONTRACTOR indicates they are not considered as COUNTY's business associate as defined in the HIPAA regulations and therefore, is not required to sign the County's HIPAA Business Associate Agreement.

**16. Administration/Contract Liaison**

Riverside County Healthcare (RCHC) shall administer this Agreement on behalf of the COUNTY. Riverside County Regional Medical Center Contracts Administration is to serve as the liaison with CONTRACTOR in connection with this Agreement.

**17. Notices**

All correspondence and notices required or contemplated by this Agreement shall be delivered to the respective parties at the addresses set forth below and are deemed submitted two days after their deposit in the United States mail, postage prepaid:

**COUNTY OF RIVERSIDE**

Riverside County Regional Medical Center  
26520 Cactus Avenue  
Moreno Valley, CA 92555

**CONTRACTOR**

Apria Healthcare, Inc.  
26220 Enterprise Court  
Lake Forest, CA 92630  
Attn: Senior Vice President, Managed Care

with copies to:

Apria Healthcare, Inc.  
26220 Enterprise Court  
Lake Forest, CA 92630  
Attn: General Counsel

and

Coram Specialty Infusion Services  
1675 Broadway, Suite 900  
Denver, CO 80202  
Attention: Associate General Counsel

**CONTRACTOR REMIT TO ADDRESS:**

Apria Healthcare, Inc.  
PO Box 31001-0984  
Pasadena, CA 91110-0984

**18. Force Majeure**

If either party is unable to comply with any provision of this Agreement due to causes beyond its reasonable control, and which could not have been reasonably anticipated, such as acts of God, acts

of war, civil disorders, or other similar acts, such party shall not be held liable for such failure to comply.

**19. EDD Reporting Requirements**

In order to comply with child support enforcement requirements of the State of California, the COUNTY may be required to submit a Report of Independent Contractor(s) form **DE 542** to the Employment Development Department. The CONTRACTOR agrees to furnish the required data and certifications to the COUNTY within 10 days of notification of award of Agreement when required by the EDD. This data will be transmitted to governmental agencies charged with the establishment and enforcement of child support orders. Failure of the CONTRACTOR to timely submit the data and/or certificates required may result in the contract being awarded to another contractor. In the event a contract has been issued, failure of the CONTRACTOR to comply with all federal and state reporting requirements for child support enforcement or to comply with all lawfully served Wage and Earnings Assignments Orders and Notices of Assignment shall constitute a material breach of Agreement. If CONTRACTOR has any questions concerning this reporting requirement, please call (916) 657-0529. CONTRACTOR should also contact its local Employment Tax Customer Service Office listed in the telephone directory in the State Government section under "Employment Development Department" or access their Internet site at [www.edd.ca.gov](http://www.edd.ca.gov).

**20. Hold Harmless/Indemnification**

**20.1** Each party shall indemnify and hold harmless the other party from any and all claims, expenses, losses and obligations arising out of the indemnifying party's negligent acts or omissions or willful misconduct.

**20.2** With respect to any action or claim subject to indemnification herein by CONTRACTOR, CONTRACTOR shall, at their sole cost, have the right to use counsel of their own choice and shall have the right to adjust, settle, or compromise any such action or claim without the prior consent of COUNTY; provided, however, that any such adjustment, settlement or compromise in no manner whatsoever limits or circumscribes CONTRACTOR'S indemnification to Indemnitees as set forth herein.

**20.3** CONTRACTOR'S obligation hereunder shall be satisfied when CONTRACTOR has provided to COUNTY the appropriate form of dismissal relieving COUNTY from any liability for the action or claim involved.

20.4 The specified insurance limits required in this Agreement shall in no way limit or circumscribe CONTRACTOR'S obligations to indemnify and hold harmless the Indemnitees.

20.5 In the event there is conflict between this clause and California Civil Code Section 2782, this clause shall be interpreted to comply with Civil Code 2782.

20.6 CONTRACTOR's indemnification obligations shall also apply to any action or claim regarding actual or alleged intellectual property infringement related to any material or product provided to COUNTY pursuant to this Agreement. In the event of any such action or claim, CONTRACTOR shall provide immediate notice to COUNTY of the action or claim. CONTRACTOR may defend or settle the action or claim as CONTRACTOR deems appropriate; however, CONTRACTOR shall be required to obtain for COUNTY the right to continue to use the material or product (or a similar non-infringing material or product with the same function) on terms identical to those stated in this Agreement.

## 21. Insurance

21.1 Without limiting or diminishing the CONTRACTOR'S obligation to indemnify or hold the COUNTY harmless, CONTRACTOR shall procure and maintain or cause to be maintained, at its sole cost and expense, the following insurance coverage's during the term of this Agreement.

21.2 Workers' Compensation: If the CONTRACTOR has employees as defined by the State of California, the CONTRACTOR shall maintain statutory Workers' Compensation Insurance (Coverage A) as prescribed by the laws of the State of California. Policy shall include Employers' Liability (Coverage B) including Occupational Disease with limits not less than \$1,000,000 per person per accident. The policy shall be endorsed to waive subrogation in favor of the County of Riverside.

21.3 Commercial General Liability: Commercial General Liability insurance coverage, including but not limited to, premises liability, unmodified contractual liability, products and completed operations liability, personal and advertising injury, and cross liability coverage, covering claims which may arise from or out of CONTRACTOR'S performance of its obligations hereunder. Policy's limit of liability shall not be less than \$1,000,000 per occurrence combined single limit. If such insurance contains a general aggregate limit, it shall apply separately to this agreement or be no less than two (2) times the occurrence limit.

21.4 Vehicle Liability: If vehicles or mobile equipment are used in the performance of the obligations under this Agreement, then CONTRACTOR shall maintain liability insurance for all owned, non-owned or hired vehicles so used in an amount not less than \$1,000,000 per occurrence

combined single limit. If such insurance contains a general aggregate limit, it shall apply separately to this agreement or be no less than two (2) times the occurrence limit.

**21.5 Professional Liability:** Contractor shall maintain Professional Liability Insurance providing coverage for the Contractor's performance of work included within this Agreement, with a limit of liability of not less than \$1,000,000 per occurrence and \$2,000,000 annual aggregate. If Contractor's Professional Liability Insurance is written on a claims made basis rather than an occurrence basis, such insurance shall continue through the term of this Agreement and CONTRACTOR shall purchase at his sole expense either 1) an Extended Reporting Endorsement (also, known as Tail Coverage); or 2) Prior Dates Coverage from new insurer with a retroactive date back to the date of, or prior to, the inception of this Agreement; or 3) demonstrate through Certificates of Insurance that CONTRACTOR has Maintained continuous coverage with the same or original insurer. Coverage provided under items; 1), 2), or 3) will continue as long as the law allows.

**21.6 General Insurance Provisions - All lines:**

1) Any insurance carrier providing insurance coverage hereunder shall be admitted to the State of California and have an A M BEST rating of not less than A: VIII (A:8) unless such requirements are waived, in writing, by the County Risk Manager. If the County's Risk Manager waives a requirement for a particular insurer such waiver is only valid for that specific insurer and only for one policy term.

2) The CONTRACTOR must declare its insurance self-insured retention for each coverage required herein. If any such self-insured retention exceed \$500,000 per occurrence each such retention shall have the prior written consent of the County Risk Manager before the commencement of operations under this Agreement. Upon notification of self-insured retention unacceptable to the COUNTY, and at the election of the Country's Risk Manager, CONTRACTOR'S carriers shall either; 1) reduce or eliminate such self-insured retention as respects this Agreement with the COUNTY, or 2) procure a bond which guarantees payment of losses and related investigations, claims administration, and defense costs and expenses.

3) CONTRACTOR shall cause CONTRACTOR'S insurance carrier(s) to furnish the County of Riverside with either 1) a properly executed original Certificate(s) of Insurance, and 2) if requested to do so orally or in writing by the County Risk Manager, provide original Certified copies of policies showing such insurance is in full force and effect. Further, said Certificate(s) and policies of insurance shall contain the covenant of the insurance carrier(s) that thirty (30) days written notice shall be given to the County of Riverside prior to any material modification, cancellation, expiration or reduction in

coverage of such insurance. In the event of a material modification, cancellation, expiration, or reduction in coverage, this Agreement shall terminate forthwith, unless the County of Riverside receives, prior to such effective date, another properly executed original Certificate of Insurance and original copies of endorsements or certified original policies, including all endorsements and attachments thereto evidencing coverage's set forth herein and the insurance required herein is in full force and effect. *CONTRACTOR shall not commence operations until the COUNTY has been furnished Certificate (s) of Insurance as required in this Section. An individual authorized by the insurance carrier to do so on its behalf shall sign the original endorsements for each policy and the Certificate of Insurance.*

4) It is understood and agreed to by the parties hereto that the CONTRACTOR'S insurance shall be construed as primary insurance, and the COUNTY'S insurance and/or deductibles and/or self-insured retention's or self-insured programs shall not be construed as contributory.

5) If, during the term of this Agreement or any extension thereof, there is a material change in the scope of services; or, there is a material change in the equipment to be used in the performance of the scope of work; or, the term of this Agreement, including any extensions thereof, exceeds five (5) years; the COUNTY reserves the right to adjust the types of insurance and the monetary limits of liability required under this Agreement, if in the County Risk Manager's reasonable judgment, the amount or type of insurance carried by the CONTRACTOR has become inadequate.

6) CONTRACTOR shall pass down the insurance obligations contained herein to all tiers of subcontractors working under this Agreement.

7) The insurance requirements contained in this Agreement may be met with a program(s) of self-insurance acceptable to the COUNTY.

8) CONTRACTOR agrees to notify COUNTY of any claim by a third party or any incident or event that may give rise to a claim arising from the performance of this Agreement.

## **22. General**

**22.1** CONTRACTOR shall not delegate or assign any interest in this Agreement, whether by operation of law or otherwise, without the prior written consent of COUNTY. Any attempt to delegate or assign any interest herein shall be deemed void and of no force or effect.

**22.2** Any waiver by COUNTY of any breach of any one or more of the terms of this Agreement shall not be construed to be a waiver of any subsequent or other breach of the same or of any other term of this Agreement. Failure on the part of COUNTY to require exact, full and complete



compliance with any terms of this Agreement shall not be construed as in any manner changing the terms or preventing COUNTY from enforcement of the terms of this Agreement.

**22.3** In the event the CONTRACTOR receives payment under this Agreement, which is later disallowed by COUNTY for nonconformance with the terms of the Agreement, the CONTRACTOR shall promptly refund the disallowed amount to the COUNTY on request.

**22.4** CONTRACTOR shall not provide partial delivery or shipment of services or products unless specifically stated in the Agreement.

**22.5** CONTRACTOR shall not provide any services or products subject to any chattel mortgage or under a conditional sales contract or other agreement by which an interest is retained by a third party. The CONTRACTOR warrants that it has good title to all materials or products used by CONTRACTOR or provided to COUNTY pursuant to this Agreement, free from all liens, claims or encumbrances.

**22.6** Nothing in this Agreement shall prohibit the COUNTY from acquiring the same type or equivalent equipment, products, materials or services from other sources, when deemed by the COUNTY to be in its best interest. The COUNTY reserves the right to purchase more or less than the quantities specified in this Agreement.

**22.7** The COUNTY agrees to cooperate with the CONTRACTOR in the CONTRACTOR's performance under this Agreement, including, if stated in the Agreement, providing the CONTRACTOR with reasonable facilities and timely access to COUNTY data, information, and personnel.

**22.8** CONTRACTOR shall comply with all applicable Federal, State and local laws and regulations. CONTRACTOR will comply with all applicable COUNTY policies and procedures. In the event that there is a conflict between the various laws or regulations that may apply, the CONTRACTOR shall comply with the more restrictive law or regulation.

**22.9** CONTRACTOR shall comply with all air pollution control, water pollution, safety and health ordinances, statutes, or regulations, which apply to performance under this Agreement.

**22.10** CONTRACTOR shall comply with all requirements of the Occupational Safety and Health Administration (OSHA) standards and codes as set forth by the U.S. Department of Labor and the State of California (Cal/OSHA).

**22.11** This Agreement shall be governed by the laws of the State of California. Any legal action related to the performance or interpretation of this Agreement shall be filed only in the Superior

Court of the State of California located in Riverside, California, and the parties waive any provision of law providing for a change of venue to another location. In the event any provision in this Agreement is held by a court of competent jurisdiction to be invalid, void, or unenforceable, the remaining provisions will nevertheless continue in full force without being impaired or invalidated in any way.

22.12 This Agreement, including any attachments or exhibits, constitutes the entire Agreement of the parties with respect to its subject matter and supersedes all prior and contemporaneous representations, proposals, discussions and communications, whether oral or in writing. This Agreement may be changed or modified only by a written amendment signed by authorized representatives of both parties.

22.12 This Agreement is intended solely for the mutual benefit of the parties hereto and there is no intention, expressed or otherwise, to create any rights or interests for any other party or person other than COUNTY and CONTRACTOR. The terms and pricing under this Agreement are applicable only to COUNTY and shall not be extended to any affiliate, subsidiary, parent or any other person or entity related or contracted with COUNTY, unless consented to by CONTRACTOR in writing.

**COUNTY:**

Riverside County Regional Medical Center  
26520 Cactus Avenue  
Moreno Valley, CA 92555

**CONTRACTOR:**

Apria Healthcare, Inc.  
Coram Alternate Site Services, Inc.  
Coram Healthcare Corporation of Southern California  
26220 Enterprise Court  
Lake Forest, CA 92630

Signature: Bob Buster

Signature: Lisa E. Swenson

Print Name: Bob Buster

Print Name: Lisa E. Swenson

Title: Chairperson

Senior Vice President,  
Title: Payor Arrangements and Pricing

Dated: SEP 27 2011

Dated: September 1, 2011

FORM APPROVED COUNTY COUNSEL  
BY: NEAL R. KIRNIS DATE 9/15/11

ATTEST:

KECIA HARPER-IHEM, Clerk

BY: [Signature]  
DEPUTY

**SCOPE OF WORK****APRIA HEALTHCARE, INC.**

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1.0 CONTRACTOR shall provide durable medical equipment (DME), home infusion and nutrition services for ambulatory and non-ambulatory patients residing in Riverside County, upon receiving COUNTY authorization/approval.

2.0 CONTRACTOR shall provide said services throughout Riverside County (Banning, Beaumont, Calimesa, Canyon Lake, Cathedral City, Coachella, Corona, Desert Hot Springs, Eastvale, Hemet, Indian Wells, Indio, Lake Elsinore, La Quinta, Mecca, Menifee, Moreno Valley, Murrieta, Norco, Palm Desert, Palm Springs, Perris, Rancho Mirage, Riverside, San Jacinto, Temecula, and Wildomar).

3.0 CONTRACTOR shall provide same day delivery services, but no later than two days (48 hours) from the requested date of service.

4.0 CONTRACTOR shall arrange prompt pick-up schedule(s) with the patient (and/or patients designated person).

5.0 CONTRACTOR shall promptly notify COUNTY of all undeliverable services (i.e., equipment not available, incorrect patient home address, no one at patient home to accept delivery or arrange for CONTRACTOR pick-up, etc.).

6.0 CONTRACTOR shall designate a liaison and provide the contact information (name, title, phone number and email address) to COUNTY as it pertains to this Agreement.

**SCOPE OF WORK**  
**APRIA HEALTHCARE, INC.**  
**DME, RESPIRATORY THERAPY, NPWT & ENTERAL THERAPY SERVICES**

HCPC	HCPC Category	HCPC Description	Provided	Not Provided
94660	OXYGEN & RESPIRATORY SUPPLIES	CPAP INITIATION AND MANAGEMENT	X	
94760	OXYGEN & RESPIRATORY SUPPLIES	EAR OR PULSE OXIMETRY, SINGLE SPOT CHECK	X	
94761	OXYGEN & RESPIRATORY SUPPLIES	PULSE OXIMETRY	X	
94762	OXYGEN & RESPIRATORY SUPPLIES	EAR OR PULSE OXIMETRY, OVERNIGHT STUDY	X	
94772	OXYGEN & RESPIRATORY SUPPLIES	PEDIATRIC PNEUMOGRAM, 12-24 HR RECORDING	X	
95806	OXYGEN & RESPIRATORY SUPPLIES	SLEEP STUDY, UNATTENDED, ECG/SAT/RESP EF		X
99503	OXYGEN & RESPIRATORY SUPPLIES	HOME VISIT FOR RESPIRATORY THERAPY CARE	X	
99600	OXYGEN & RESPIRATORY SUPPLIES	RESPIRATORY THERAPIST VISIT, PER HOUR	X	
A4206	MEDICAL AND SURGICAL SUPPLIES	SYRINGE W/ NEEDLE; STERILE 1CC OR LESS		X
A4208	MEDICAL AND SURGICAL SUPPLIES	SYRINGE W/ NEEDLE; STERILE, 3CC EA		X
A4209	MEDICAL AND SURGICAL SUPPLIES	SYRINGE W/NEEDLE; STERILE, 5 CC/GRTR EA		X
A4211	MEDICAL AND SURGICAL SUPPLIES	SUPPLIES FOR SELF-ADMINISTERED INJECTION		X
A4212	MEDICAL AND SURGICAL SUPPLIES	NON-CORING NEEDLE/STYLET W/ OR W/O CATH		X
A4213	MEDICAL AND SURGICAL SUPPLIES	SYRINGE, STERILE, 20CC OR GREATER EA	X	
A4215	MEDICAL AND SURGICAL SUPPLIES	NEEDLES ONLY, STERILE ANY SIZE, EA		X
A4216	MEDICAL AND SURGICAL SUPPLIES	STERILE WATER/SALINE OR DEXTROSE 10 ML	X	
A4217	MEDICAL AND SURGICAL SUPPLIES	STERILE WATER/SALINE, 500 ML	X	
A4218	MEDICAL AND SURGICAL SUPPLIES	STERILE SALINE/WATER METERED DOSE 10ML	X	
A4221	MEDICAL AND SURGICAL SUPPLIES	SUPPLIES-MAINT. OF DRUG INFUSN CATH,WKLY		X
A4222	MEDICAL AND SURGICAL SUPPLIES	INFUSION SUPPLIES FOR EIP,PER CASS/BAG		X
A4230	DIABETIC SUPPLIES	INFUSN SET,EXTERNAL INSULIN PUMP,CANULA		X
A4231	DIABETIC SUPPLIES	INFUSN SET FOR EXT INSULIN PUMP,NEEDLE		X
A4232	DIABETIC SUPPLIES	SYRINGE W/NDLE FOR EXT INS PUMP,STERILE		X
A4235	DIABETIC SUPPLIES	REPLCMNT BTRY,LITHIUM FOR GLUCOMETER		X
A4244	MEDICAL AND SURGICAL SUPPLIES	ALCOHOL OR PEROXIDE, PER PINT		X
A4245	MEDICAL AND SURGICAL SUPPLIES	ALCOHOL WIPES, PER BOX		X
A4246	MEDICAL AND SURGICAL SUPPLIES	BETADINE OR PHISOHEX SOLUTION, PER PINT		X
A4247	MEDICAL AND SURGICAL SUPPLIES	BETADINE OR IODINE SWABS/WIPES, PER BOX		X
A4248	MEDICAL AND SURGICAL SUPPLIES	CHLORHEXIDINE CONTAINING ANTISPETIC, 1ML		X
A4250	DIABETIC SUPPLIES	URINE TST/REAGENT STRPS/TABLTS,100/PER		X
A4253	DIABETIC SUPPLIES	BLOOD GLCS TST/REAGENT STRPS,FOR HOME/50		X
A4256	DIABETIC SUPPLIES	NORMAL, LOW&HIGH CALIBRATOR SOLUTN/CHIPS		X
A4258	DIABETIC SUPPLIES	SPRING PWRD DEVICE FOR LANCET, EACH		X
A4259	DIABETIC SUPPLIES	LANCETS, PER BOX OF 100		X
A4265	MEDICAL AND SURGICAL SUPPLIES	PARAFFIN, PER POUND	X	
A4280	MEDICAL AND SURGICAL SUPPLIES	ADHESIVE SKIN SUPPORT ATTCHMNT,BREAST EA		X
A4281	MEDICAL AND SURGICAL SUPPLIES	TUBING FOR BREAST PUMP, REPLACEMENT		X
A4282	MEDICAL AND SURGICAL SUPPLIES	ADAPTER FOR BREAST PUMP, REPLACEMENT		X
A4283	MEDICAL AND SURGICAL SUPPLIES	CAP FOR BREAST PUMP BOTTLE, REPLACEMENT		X
A4284	MEDICAL AND SURGICAL SUPPLIES	BREAST SHIELD/PROTECT BREAST PUMP,REPLCM		X
A4285	MEDICAL AND SURGICAL SUPPLIES	POLYCARBONATE BOTTLE FOR BREAST PUMP,RPL		X

**SCOPE OF WORK**  
**APRIA HEALTHCARE, INC.**  
**DME, RESPIRATORY THERAPY, NPWT & ENTERAL THERAPY SERVICES**

HCPC	HCPC Category	HCPC Description	Provided	Not Provided
A4286	MEDICAL AND SURGICAL SUPPLIES	LOCKING RING FOR BREAST PUMP, REPLACEMENT		X
A4310	MEDICAL AND SURGICAL SUPPLIES	INSERTION TRAY W/O DRAINAGE BAG; NO CATH		X
A4311	MEDICAL AND SURGICAL SUPPLIES	INSERTION TRAY W/O DRAINAGE BAG		X
A4314	MEDICAL AND SURGICAL SUPPLIES	INSERTION TRAY W/DRAIN BG TWO WAY LATEX		X
A4315	MEDICAL AND SURGICAL SUPPLIES	INSERTION TRAY W/DRAIN BG, ALL SILICONE		X
A4320	MEDICAL AND SURGICAL SUPPLIES	IRRIG TRAY W/BULB OR PISTON SYRINGE, ANY		X
A4322	MEDICAL AND SURGICAL SUPPLIES	IRRIG SYRINGE, BULB OR PISTON, EACH		X
A4326	MEDICAL AND SURGICAL SUPPLIES	MALE EXTERNAL CATH W/INT COLLECTN CHAMBER		X
A4330	MEDICAL AND SURGICAL SUPPLIES	PERIANAL FECAL COLLECTN POUCH W/ADHESIVE		X
A4331	MEDICAL AND SURGICAL SUPPLIES	EXTENSION DRAINAGE TUBING ANY TYPE/LENGTH		X
A4332	MEDICAL AND SURGICAL SUPPLIES	LUBRICANT, INDIVIDUAL STERILE PACKET, EACH		X
A4333	MEDICAL AND SURGICAL SUPPLIES	URINARY CATH ANCHORING DEVICE, ADHESIVE EA		X
A4334	MEDICAL AND SURGICAL SUPPLIES	URINARY CATH ANCHORING DEVICE, STRAP EA		X
A4335	MEDICAL AND SURGICAL SUPPLIES	INCONTINENT SUPPLY; MISC		X
A4338	MEDICAL AND SURGICAL SUPPLIES	INDW CATH; FOLEY TYPE, 2 WAY LATEX W/COATING		X
A4340	MEDICAL AND SURGICAL SUPPLIES	INDW CATH; SPECIALTY TYPE, EG; COUDE, MUSHROOM		X
A4344	MEDICAL AND SURGICAL SUPPLIES	INDW CATH, FOLEY TYPE; 2 WAY, ALL SILICONE, EA		X
A4349	MEDICAL AND SURGICAL SUPPLIES	MALE EXTERNAL CATH, W/ OR W/OUT ADHESIVE		X
A4351	MEDICAL AND SURGICAL SUPPLIES	INTERMITTENT URO CATH; STRAIGHT TIP, EACH		X
A4352	MEDICAL AND SURGICAL SUPPLIES	INTERMITTENT URO CATH; COUDE TIP, EACH		X
A4353	MEDICAL AND SURGICAL SUPPLIES	INTERMITTENT URO CATH, W/INSERTN SUPPLIES		X
A4354	MEDICAL AND SURGICAL SUPPLIES	INSERTION TRAY W/DRAIN BAG W/O CATHETER		X
A4355	MEDICAL AND SURGICAL SUPPLIES	IRRIG TUBING CONT BLADDER IRRIG, EACH 3WAY		X
A4356	MEDICAL AND SURGICAL SUPPLIES	EXTERNAL URETHRAL CLAMP OR COMPRESSION DEVICE		X
A4357	MEDICAL AND SURGICAL SUPPLIES	BEDSIDE DRAINAGE BAG, DAY OR NIGHT, EACH		X
A4358	MEDICAL AND SURGICAL SUPPLIES	URO DRAIN BAG, VINYL, WITH OR W/O TUBE, EA		X
A4361	MEDICAL AND SURGICAL SUPPLIES	OSTOMY FACE PLATE, EACH		X
A4362	MEDICAL AND SURGICAL SUPPLIES	SKIN BARRIER; SOLID, 4X4 OR =, EACH		X
A4363	MEDICAL AND SURGICAL SUPPLIES	OSTOMY CLAMP, ANY TYPE, REPLACEMENT		X
A4364	MEDICAL AND SURGICAL SUPPLIES	ADHESIVE LIQUID OR EQUAL, ANY TYPE, PER OZ		X
A4366	MEDICAL AND SURGICAL SUPPLIES	OSTOMY VENT, ANY TYPE, EACH		X
A4367	MEDICAL AND SURGICAL SUPPLIES	OSTOMY BELT, EA		X
A4368	MEDICAL AND SURGICAL SUPPLIES	OSTOMY FILTER, ANY TYPE, EACH		X
A4369	MEDICAL AND SURGICAL SUPPLIES	OSTOMY SKIN BARRIER, LIQUID PER OZ		X
A4371	MEDICAL AND SURGICAL SUPPLIES	OSTOMY SKIN BARRIER, POWDER, PER OZ		X
A4373	MEDICAL AND SURGICAL SUPPLIES	OSTOMY SKIN BARRIER, W/FLANGE/CONVEX/EACH		X

**SCOPE OF WORK**  
**APRIA HEALTHCARE, INC.**  
**DME, RESPIRATORY THERAPY, NPWT & ENTERAL THERAPY SERVICES**

HCPC	HCPC Category	HCPC Description	Provided	Not Provided
A4375	MEDICAL AND SURGICAL SUPPLIES	OSTMY POUCH,DRAINBLE,W/FCPLTE/PLSTIC EA		X
A4376	MEDICAL AND SURGICAL SUPPLIES	OSTMY POUCH,DRAINBLE,W/FCPLTE/RUBBER EA		X
A4377	MEDICAL AND SURGICAL SUPPLIES	OSTMY POUCH,DRAIN,USE W/FCPLTE/PLSTC EA		X
A4385	MEDICAL AND SURGICAL SUPPLIES	OSTMY SKIN BARRIER,SOLID 4X4 OR EQUIV EA		X
A4388	MEDICAL AND SURGICAL SUPPLIES	OSTMY POUCH,DRAINBLE,EXTND WEAR,EACH		X
A4389	MEDICAL AND SURGICAL SUPPLIES	OSTMY POUCH,DRAINBLE,STD WEAR BARRIER EA		X
A4390	MEDICAL AND SURGICAL SUPPLIES	OSTMY POUCH,DRAINBLE,W/EXTND BARRIER EA		X
A4391	MEDICAL AND SURGICAL SUPPLIES	OSTMY POUCH,URO,W/EXTD BARRIER,NOCONVEX		X
A4392	MEDICAL AND SURGICAL SUPPLIES	OSTMY POUCH,URO,W/STD BARRIER,W/CONVEX		X
A4393	MEDICAL AND SURGICAL SUPPLIES	OSTMY POUCH,URO,EXTND BARRIER,W/CONVEX		X
A4394	MEDICAL AND SURGICAL SUPPLIES	OSTMY DEODORANT,W/OR W/O LUBE,POUCH FL O		X
A4395	MEDICAL AND SURGICAL SUPPLIES	OSTMY DEODORANT,USE IN PCH, SOLID/TABLET		X
A4396	MEDICAL AND SURGICAL SUPPLIES	OSTMY BELT W/PERISTOMAL HERNIA SUPPORT		X
A4397	MEDICAL AND SURGICAL SUPPLIES	IRRIGATION SUPPLY; SLEEVE, EA		X
A4398	MEDICAL AND SURGICAL SUPPLIES	OSTMY IRRIGATION SUPPLY; BAG, EACH		X
A4399	MEDICAL AND SURGICAL SUPPLIES	OSTMY IRRIG. SUPPLY; CONE/CATH W/BRUSH		X
A4400	MEDICAL AND SURGICAL SUPPLIES	OSTMY IRRIGATION SET		X
A4402	MEDICAL AND SURGICAL SUPPLIES	LUBRICANT, PER OUNCE		X
A4404	MEDICAL AND SURGICAL SUPPLIES	OSTMY RING, EACH		X
A4405	MEDICAL AND SURGICAL SUPPLIES	OSTOMY SKIN BARRIER, NONPECTIN PASTE, OZ		X
A4406	MEDICAL AND SURGICAL SUPPLIES	OSTOMY SKIN BARRIER, PECTIN, PASTE, OZ		X
A4407	MEDICAL AND SURGICAL SUPPLIES	OSTOMY SKIN BARRIER W/FLANGE <= 4 SQ INC		X
A4409	MEDICAL AND SURGICAL SUPPLIES	OSTOMY SKIN BARRIER W/FLANGE <= 4 SQ INC		X
A4410	MEDICAL AND SURGICAL SUPPLIES	OSTOMY SKIN BARRIER W/FLANGE > 4 SQ INCH		X
A4411	MEDICAL AND SURGICAL SUPPLIES	OSTMY SKN BARRIER,4X4,EXT WEAR BLTIN CON		X
A4412	MEDICAL AND SURGICAL SUPPLIES	OSTOMY POUCH,DRN GHG OUTPUT 2PC W/O FLTR		X
A4413	MEDICAL AND SURGICAL SUPPLIES	OSTOMY POUCH, DRAINABLE W/FLANGE 2PIECE		X
A4414	MEDICAL AND SURGICAL SUPPLIES	OSTOMY SKIN BARRIER W/FLANGE W/O <=4SQ I		X
A4415	MEDICAL AND SURGICAL SUPPLIES	OSTOMY SKIN BARRIER W/0 > 4 SQ INC		X
A4416	MEDICAL AND SURGICAL SUPPLIES	OSTOMY POUCH,CLSD W/BARRIER,W/FILTER,EA		X
A4418	MEDICAL AND SURGICAL SUPPLIES	OSTOMY PCH,CLSD,W/O BARRIER,W/FILTR 1PIE		X
A4419	MEDICAL AND SURGICAL SUPPLIES	OSTOMY PCH,CLSD,W/O BARRIER W/FLANGE 2PI		X
A4421	MEDICAL AND SURGICAL SUPPLIES	OSTOMY SUPPLY; MISCELLANEOUS		X
A4422	MEDICAL AND SURGICAL SUPPLIES	OSTOMY ABSORBENT MATERIAL FOR POUCH		X
A4423	MEDICAL AND SURGICAL SUPPLIES	OSTOMY PCH,CLSD, W/O BARRIER W/FLNGE 2PC		X
A4424	MEDICAL AND SURGICAL SUPPLIES	OSTOMY PCH, DRAINABLE W/BARRIER,W/FILTR		X
A4425	MEDICAL AND SURGICAL SUPPLIES	OSTOMY PCH, DRAINABLE, W/O BARRIER 2PC		X
A4426	MEDICAL AND SURGICAL SUPPLIES	OSTOMY PCH, DRAINABLE, W/OBARRIER, 2PC		X
A4427	MEDICAL AND SURGICAL SUPPLIES	OSTOMY PCH, DRAINABLE, W/O BARRIER 2PC		X

**SCOPE OF WORK**  
**APRIA HEALTHCARE, INC.**  
**DME, RESPIRATORY THERAPY, NPWT & ENTERAL THERAPY SERVICES**

HCPC	HCPC Category	HCPC Description	Provided	Not Provided
A4428	MEDICAL AND SURGICAL SUPPLIES	OSTOMY PCH, URINARY W/EXT BARRIER 1PC		X
A4430	MEDICAL AND SURGICAL SUPPLIES	OSTOMY PCH, URINARY, W/EXT WEAR BARRIER 1		X
A4431	MEDICAL AND SURGICAL SUPPLIES	OSTOMY PCH, URINARY W/BARRIER, W/VALVE 2PC		X
A4432	MEDICAL AND SURGICAL SUPPLIES	OSTOMY PCH, URINARY, W/O BARRIER W/FLNGE 2		X
A4433	MEDICAL AND SURGICAL SUPPLIES	OSOTMY PCH, URINARY, W/O BARRIER W/FLANG		X
A4434	MEDICAL AND SURGICAL SUPPLIES	OSOTMY PCH, URINARY, W/O BARRIER W/VALVE		X
A4450	MEDICAL AND SURGICAL SUPPLIES	TAPE NON-WATERPROOF PER 18 SQ INCHES		X
A4452	MEDICAL AND SURGICAL SUPPLIES	TAPE, WATERPROOF, PER 18 SQUARE INCHES		X
A4455	MEDICAL AND SURGICAL SUPPLIES	ADHESIVE REMOVER/SOLVENT, PER OUNCE		X
A4456	MEDICAL AND SURGICAL SUPPLIES	ADHESIVE REMOVER, WIPES, ANY TYPE, EACH		X
A4461	MEDICAL AND SURGICAL SUPPLIES	SURGICAL DRESSING HOLDER, NON- REUSABLE, EA		X
A4463	MEDICAL AND SURGICAL SUPPLIES	SURGICAL DRESSING HOLDER, REUSABLE, EA		X
A4466	MEDICAL AND SURGICAL SUPPLIES	GARMENT, BELT, SLEEVE, ELASTIC, EACH		X
A4481	MEDICAL AND SURGICAL SUPPLIES	TRACHEOSTOMA FILTER, EA ANY TYPE OR SIZE	X	
A4483	MEDICAL AND SURGICAL SUPPLIES	MOISTURE EXCHANGER, DISPOSABLE, USE W/VENT	X	
A4490	MEDICAL AND SURGICAL SUPPLIES	SURGICAL STOCKING; ABOVE KNEE LENGTH EA		X
A4495	MEDICAL AND SURGICAL SUPPLIES	SURGICAL STOCKING; THIGH LENGTH EACH		X
A4500	MEDICAL AND SURGICAL SUPPLIES	SURGICAL STOCKING; BELOW KNEE, EACH		X
A4510	MEDICAL AND SURGICAL SUPPLIES	SURGICAL STOCKING; FULL LENGTH-EACH		X
A4554	MEDICAL AND SURGICAL SUPPLIES	DISP. UNDERPADS, ALL SIZES, E.G. CHUX		X
A4556	SUPPLIES	ELECTRODES (E.G. APNEA MONITOR) PER PAIR	X	
A4557	SUPPLIES	LEAD WIRES (E.G. APNEA MONITOR) PER PAIR	X	
A4558	SUPPLIES	CONDUCTIVE PASTE OR GEL, W ELECT DVC OZ	X	
A4565	SUPPLIES	SLINGS		X
A4580	SUPPLIES	CAST SUPPLIES		X
A4601	OXYGEN & RESPIRATORY SUPPLIES	BATTERY, LITHIUM ION NON PROSTH USE, EA		X
A4604	OXYGEN & RESPIRATORY SUPPLIES	TUBING W INTGRD HEAT ELMNT POS AIR PRES	X	
A4605	OXYGEN & RESPIRATORY SUPPLIES	TRACHEAL SUCTION CATHETER, CLOSED, EACH	X	
A4606	OXYGEN & RESPIRATORY SUPPLIES	O2 PROBE FOR USE W/OXIMETER, REPLACEMENT	X	
A4608	OXYGEN & RESPIRATORY SUPPLIES	TRANSTRACHEAL OXYGEN CATHETER, EA	X	
A4611	OXYGEN & RESPIRATORY SUPPLIES	BATTERY, H-DUTY, REPLCMNT, PT OWNED VENT	X	
A4612	OXYGEN & RESPIRATORY SUPPLIES	BTRY CABLES, REPLCMT FOR PT OWNED VENT	X	
A4613	OXYGEN & RESPIRATORY SUPPLIES	BTRY CHARGER, RPLCMT FOR PT OWNED VENT	X	
A4614	OXYGEN & RESPIRATORY SUPPLIES	PEAK FLOW METER, HAND HELD	X	
A4615	OXYGEN & RESPIRATORY SUPPLIES	CANNULA, NASAL	X	
A4616	OXYGEN & RESPIRATORY SUPPLIES	TUBING, (OXYGEN) PER FOOT	X	
A4617	OXYGEN & RESPIRATORY SUPPLIES	MOUTH PIECE	X	
A4618	OXYGEN & RESPIRATORY SUPPLIES	BREATHING CIRCUITS	X	
A4619	OXYGEN & RESPIRATORY SUPPLIES	FACE TENT	X	
A4620	OXYGEN & RESPIRATORY SUPPLIES	VARIABLE CONCENTRATION MASK	X	

**SCOPE OF WORK**  
**APRIA HEALTHCARE, INC.**  
**DME, RESPIRATORY THERAPY, NPWT & ENTERAL THERAPY SERVICES**

HCPC	HCPC Category	HCPC Description	Provided	Not Provided
A4623	OXYGEN & RESPIRATORY SUPPLIES	TRACHEOSTOMY, INNER CANNULA, REPLACEMENT	X	
A4624	OXYGEN & RESPIRATORY SUPPLIES	TRACHEAL SUCTION CATHETER, ANY TYPE, EA	X	
A4625	OXYGEN & RESPIRATORY SUPPLIES	TRACHEOSTOMY CARE KIT NEW TRACHEOSTMY	X	
A4626	OXYGEN & RESPIRATORY SUPPLIES	TRACHEOSTOMY CLEANING BRUSH, EACH	X	
A4627	OXYGEN & RESPIRATORY SUPPLIES	SPACER,BAG,OR RESERVOIR,W OR W/OUT MASK	X	
A4628	OXYGEN & RESPIRATORY SUPPLIES	OROPHARYNGEAL SUCTION CATHETER, EACH	X	
A4629	OXYGEN & RESPIRATORY SUPPLIES	TRACH CARE KIT F/ESTABLISHED TRACHEOSTMY	X	
A4630	DME SUPPLIES	RPLCMT BTRY FOR (T.E.N.S OWNED BY PT)	X	
A4633	DME SUPPLIES	BULB/LAMP FOR ULTRAVIOLET LIGHT THERAPY	X	
A4634	DME SUPPLIES	BULB FOR THERAPEUTIC LIGTH BOX, TABLETOP	X	
A4635	DME SUPPLIES	UNDERARM PAD, CRUTCH, REPLACEMENT, EACH	X	
A4636	DME SUPPLIES	REPLACEMENT,HANDGRIP CANE/CRTCH/WLKR EA	X	
A4637	DME SUPPLIES	REPLACEMENT,TIP, CANE/CRUTCH/WALKER, EA	X	
A4638	DME SUPPLIES	REPLCMNT BATTERY,PT OWNED PULSE GENERATR		X
A4639	DME SUPPLIES	PAD FOR INFRARED HEATING PAD SYSTEM, EA		X
A4640	DME SUPPLIES	REPLACEMENT PAD,USE W/OWNED PRESSURE PAD	X	
A4649	RADIOLOGICAL PROCEDURE SUPPLIES	SURGICAL SUPPLY, MISCELLANEOUS		X
A4657	SUPPLIES FOR ESRD	SYRINGE, WITH OR WITHOUT NEEDLE, EACH		X
A4660	SUPPLIES FOR ESRD	SPHYG/BLOOD PRESS CUFF & STETH F/DIALYSI	X	
A4663	SUPPLIES FOR ESRD	BLOOD PRESSURE CUFF ONLY, FOR DIALYSIS	X	
A4670	SUPPLIES FOR ESRD	AUTOMATIC BLOOD PRESSURE MONITOR		X
A4927	SUPPLIES FOR ESRD	GLOVES, NON-STERILE PER/100		X
A4928	SUPPLIES FOR ESRD	MASKS, SURGICAL PER 20		X
A4930	SUPPLIES FOR ESRD	GLOVES, STERILE, PER PAIR		X
A4931	SUPPLIES FOR ESRD	ORAL THERMOMETER, REUSABLE, ANY TYPE, EA		X
A5051	OSTOMY SUPPLIES	POUCH,CLOSED;W/BARRIER ATTACHED 1 PIECE		X
A5052	OSTOMY SUPPLIES	POUCH,CLOSED;W/O BARRIER ATTCHD(1PIECE)		X
A5053	OSTOMY SUPPLIES	POUCH,CLOSED; FOR USE ON FACE PLATE		X
A5054	OSTOMY SUPPLIES	POUCH,CLOSED;F/USE ON BARRIER W/FLANGE		X
A5055	OSTOMY SUPPLIES	STOMA CAP		X
A5061	OSTOMY SUPPLIES	POUCH, DRAINABLE; W/BARRIER (1 PC)		X
A5062	OSTOMY SUPPLIES	POUCH, DRAINABLE; W/O BARRIER (1 PC)		X
A5063	OSTOMY SUPPLIES	POUCH,DRAIN;USE W/BARRIER W/FLNGE,2PIECE		X
A5071	OSTOMY SUPPLIES	POUCH, URINARY; W/BARRIER (1 PC)		X
A5072	OSTOMY SUPPLIES	POUCH, URINARY; W/O BARRIER (1 PC)		X
A5073	OSTOMY SUPPLIES	POUCH, URINARY; BARRIER W/FLANGE (2 PC)		X
A5082	OSTOMY SUPPLIES	CONTINENT DEV; CATH FOR CONTINENT STOMA		X
A5093	OSTOMY SUPPLIES	OSTMY ACCESSORY; CONVEX INSERT		X
A5102	OSTOMY SUPPLIES	BEDSIDE DRAIN. BOTTLE, W/ OR W/O TUBING		X



**SCOPE OF WORK**  
**APRIA HEALTHCARE, INC.**  
**DME, RESPIRATORY THERAPY, NPWT & ENTERAL THERAPY SERVICES**

HCPC	HCPC Category	HCPC Description	Provided	Not Provided
A5112	OSTOMY SUPPLIES	URINARY LEG BAG; LATEX		X
A5114	OSTOMY SUPPLIES	LEG STRAP;FOAM/FABRIC,REPLCMT ONLY,/SET		X
A5120	OSTOMY SUPPLIES	SKIN BARRIER; WIPES OR SWABS,EACH		X
A5122	OSTOMY SUPPLIES	SKIN BARRIER; SOLID, 8X8 OR EQUIV, EA		X
A5126	OSTOMY SUPPLIES	ADHESIVE/NON ADHESIVE; DISK OR FOAM PAD		X
A5131	OSTOMY SUPPLIES	APPLIANCE CLEANER,ICONT/OSTMY, PER 16 OZ		X
A5200	OSTOMY SUPPLIES	PERCUTANEOUS CATH/TUBE ANCHORING DEVICE		X
A6021	WOUND DRESSINGS	COLLAGEN DRESSING,=16 SQ INCH OR LESS EA		X
A6022	WOUND DRESSINGS	COLLAGEN DRESSING,LARGER 16 SQ"LESS/=48"		X
A6025	WOUND DRESSINGS	GEL SHEET FOR DERMAL/EPIDERMAL APPLCTN		X
A6154	WOUND DRESSINGS	WOUND POUCH, EACH		X
A6196	WOUND DRESSINGS	ALGINATE DRESSING,WOUND CVR,16"SQ ORLESS		X
A6197	WOUND DRESSINGS	ALGINATE DRESS,WND CVR,MORE 16"LESS/=48"		X
A6198	WOUND DRESSINGS	ALGINATE DRESS,WOUND CVR,MORE THAN 48SQ"		X
A6199	WOUND DRESSINGS	ALGINATE DRESSING, WOUND FILLER, PER 6"		X
A6203	WOUND DRESSINGS	COMP DRESS,16SQ"OR LESS,ANY SIZE BORDER		X
A6204	WOUND DRESSINGS	COMP DRESS,ABV 16SQ",48SQ"OR LESS/BORDR		X
A6205	WOUND DRESSINGS	COMP DRESS,ABV 48SQ",ANY SIZE BORDER,EA		X
A6206	WOUND DRESSINGS	CONTACT LAYER,16SQ" OR LESS,EACH DRESSNG		X
A6207	WOUND DRESSINGS	CONTACT LAYER,ABOVE 16SQ",48SQ" OR LESS		X
A6208	WOUND DRESSINGS	CONTACT LAYER,MORE THAN 48SQ", EACH DRES		X
A6209	WOUND DRESSINGS	FOAM DRESS,WND CVR,16SQ"OR LESS,NOBORDER		X
A6210	WOUND DRESSINGS	FOAM DRESS,WND CVR,ABV 16SQ",48SQ"ORLESS		X
A6211	WOUND DRESSINGS	FOAM DRESS,WND CVR,ABOVE 48SQ",NO BORDER		X
A6212	WOUND DRESSINGS	FOAM DRESS,WND CVR,16SQ" OR LESS,BORDER		X
A6213	WOUND DRESSINGS	FOAM DRESS,WND CVR,ABV 16SQ",48SQ"ORLESS		X
A6214	WOUND DRESSINGS	FOAM DRESS,WND CVR,MORE THN 48SQ",W/BORD		X
A6215	WOUND DRESSINGS	FOAM DRESSING, WOUND FILLER, PER GRAM		X
A6216	WOUND DRESSINGS	GAUZE,NON-IMPREG,NON-STER,<16"SQ W/O ADH		X
A6217	WOUND DRESSINGS	GAUZE,NON-IMPREG/STER,ABV16,48SQ"OR LESS		X
A6219	WOUND DRESSINGS	GAUZE,NON-IMPREG,16SQ" OR LESS,W/BORDER		X
A6220	WOUND DRESSINGS	GAUZE,NON-IMPREG,ABV16SQ",48SQ"OR LESS		X
A6222	WOUND DRESSINGS	GAUZE,IMPREG,16SQ"OR LESS,NOT H2O,SALINE		X
A6223	WOUND DRESSINGS	GAUZE,IMPREG,NO/H2O,ABV16SQ",48SQ"ORLESS		X
A6224	WOUND DRESSINGS	GAUZE,IMPREG,ABV 48SQ",NO BORDER,EACH		X
A6231	WOUND DRESSINGS	GAUZE,HYDROGEL,16SQ"OR LESS,DIRECT WOUND		X
A6234	WOUND DRESSINGS	HYDROCOL DRESS,16SQ" OR LESS,NO BORDER		X
A6235	WOUND DRESSINGS	HYDROCOL DRESS,ABV 16SQ",48SQ"ORLESS,EA		X

**SCOPE OF WORK**  
**APRIA HEALTHCARE, INC.**  
**DME, RESPIRATORY THERAPY, NPWT & ENTERAL THERAPY SERVICES**

HCPC	HCPC Category	HCPC Description	Provided	Not Provided
A6236	WOUND DRESSINGS	HYDROCOL DRESS,ABV 48SQ",NO BORDER, EA		X
A6237	WOUND DRESSINGS	HYDROCOL DRESS,16SQ"OR LESS,ANY BORDER		X
A6238	WOUND DRESSINGS	HYDROCOL DRESS,WND,ABV 16SQ",48SQ"ORLESS		X
A6242	WOUND DRESSINGS	HYDROGEL DRESSING,16SQ"OR LESS,NO BORDER		X
A6248	WOUND DRESSINGS	HYDROGEL DRESSING, WOUND FILLER, GEL SKIN		X
A6250	WOUND DRESSINGS	SEALNTS,PROTECTNTS,OINTMNTS,MOISTZR		X
A6251	WOUND DRESSINGS	SPEC ABSORB DRESS,16SQ"OR LESS,NOBORDR		X
A6252	WOUND DRESSINGS	SPEC ABSORB DRESS,ABV 16SQ",48SQ"ORLES		X
A6253	WOUND DRESSINGS	SPEC ABSORB DRESS,ABV 48SQ",WND CVR,EA		X
A6254	WOUND DRESSINGS	SPEC ABSORB DRESS,16SQ"OR LESS,WNDCVR		X
A6255	WOUND DRESSINGS	SPEC ABSORP DRESS,ABV 16SQ",48SQ"OR LESS		X
A6257	WOUND DRESSINGS	TRANSPARENT FILM 16SQ" OR LESS,EACH		X
A6258	WOUND DRESSINGS	TRANSPARENT FILM,ABV 16SQ",48SQ"OR LESS		X
A6259	WOUND DRESSINGS	TRANSPARENT FILM,ABV 48SQ",EACH		X
A6260	WOUND DRESSINGS	WOUND CLEANSERS, ANY TYPE, ANY SIZE		X
A6261	WOUND DRESSINGS	WOUND FILLER, GEL/PASTE, PER FL OZ NEC		X
A6266	WOUND DRESSINGS	GAUZE,IMPREG,OTH THN WTR/SALINE PER L.YD		X
A6402	WOUND DRESSINGS	GAUZE,NON-IMPREG,STER,16SQ"OR LESS,NOBRD		X
A6403	WOUND DRESSINGS	GAUZE,NON-IMPREG,STRL,ABV16SQ",48SQ"ORLS		X
A6407	WOUND DRESSINGS	GAUZE PACKING STRIPS,NON-IMPREG;<=2IN/YD		X
A6413	WOUND DRESSINGS	ADHESIVE BANDAGE, FIRST-AID ANY SIZE EA		X
A6441	WOUND DRESSINGS	PADDING BANDAGE, NON ELASTIC >=3<5 IN/YD		X
A6442	WOUND DRESSINGS	CONFORM BANDAGE NON ELAS/STERILE,>3IN/YD		X
A6443	WOUND DRESSINGS	BANDAGE, NONELASTIC NONSTERILE, >3IN/YD		X
A6444	WOUND DRESSINGS	BANDAGE, NONELASTIC NON STER >5IN PER YD		X
A6445	WOUND DRESSINGS	CONFORM BAND NON-ELAS, STERILE <3IN/YD		X
A6446	WOUND DRESSINGS	BANDAGE, NONELASTIC STERILE >=3<5IN P/YD		X
A6447	WOUND DRESSINGS	BANDAGE, NONELASTIC STERILE >=5IN PER YD		X
A6448	WOUND DRESSINGS	LITE COMPRESS BAND ELASTIC WTH>3IN P/YD		X
A6449	WOUND DRESSINGS	LIGHT COMPRESS BANDAGE ELASTIC >=3<5IN/Y		X
A6450	WOUND DRESSINGS	LIGHT COMPRESS BANDAGE ELASTIC >=5IN/YD		X
A6451	WOUND DRESSINGS	MOD COMPRESS BANDAGE, ELASTIC >=3<5IN/YD		X
A6452	WOUND DRESSINGS	HIGH COMPRESS BANDAGE, ELASTIC>=3<5IN/YD		X
A6453	WOUND DRESSINGS	SELF ADHER BANDAGE, ELASTIC,WIDTH>3IN/YD		X
A6454	WOUND DRESSINGS	SELF-ADHERENT BANDAGE, ELASTIC>=3<5IN/YD		X
A6456	WOUND DRESSINGS	ZINC PASTE BANDAGE, NONELASTIC>=3<5IN/YD		X
A6457	WOUND DRESSINGS	TUBULAR ELASTIC DRESSING, PER LINEAR YD		X
A6501	WOUND DRESSINGS	COMPRESS BURN GARMENT, BODYSUIT-CUSTOM		X

**SCOPE OF WORK**  
**APRIA HEALTHCARE, INC.**  
**DME, RESPIRATORY THERAPY, NPWT & ENTERAL THERAPY SERVICES**

HCPC	HCPC Category	HCPC Description	Provided	Not Provided
A6503	WOUND DRESSINGS	COMPRESS BURN GARMENT, FACIAL HOOD-CUSTM		X
A6504	WOUND DRESSINGS	COMPRESS BURN GARMENT GLOVE TO WRIST-CST		X
A6507	WOUND DRESSINGS	COMPRESS BURN GARMENT FOOT TO KNEE-CUSTM		X
A6509	WOUND DRESSINGS	COMPRESS BURN GARMENT JACKET (VEST) CUST		X
A6511	WOUND DRESSINGS	COMPRESS BURN GARMENT, LOWER TRUNK W/LEG		X
A6512	WOUND DRESSINGS	COMPRESS BURN GARMENT NOC, EACH		X
A6530	WOUND DRESSINGS	GRAD COMPRESS STOCKING, BELOW KNEE 18-30		X
A6531	WOUND DRESSINGS	GRAD COMPRESS STOCKING, BELOW KNEE 30-40		X
A6532	WOUND DRESSINGS	GRAD COMPRESS STOCKING, BELOW KNEE,40-50		X
A6533	WOUND DRESSINGS	GRAD COMPRESS STOCKING, THIGH, 18-30		X
A6534	WOUND DRESSINGS	GRAD COMPRESS STOCKING, THIGH 30-40 MMHG		X
A6535	WOUND DRESSINGS	GRAD COMPRESS STOCKING, THIGH 40-50 MMHG		X
A6536	WOUND DRESSINGS	GRAD COMPRESS STOCKING, FULL/CHAP 18-30		X
A6537	WOUND DRESSINGS	GRAD COMPRESS STOCKING, FULL/CHAP 30-40		X
A6539	WOUND DRESSINGS	GRAD COMPRESS STOCKING, WAIST 18-30 MMHG		X
A6540	WOUND DRESSINGS	GRAD COMPRESS STOCKING, WAIST 30-40 MMHG		X
A6541	WOUND DRESSINGS	GRAD COMPRESS STOCKING, WAIST, 40-50MMHG		X
A6544	WOUND DRESSINGS	GRAD COMPRESS STOCKING, GARTER BELT		X
A6549	WOUND DRESSINGS	GRAD COMPRESS STOCKING, NOS		X
A6550	NEGATIVE PRESSURE WOUND THERAPY	NEG PRESSURE WOUND THERAPY DRESSING SET	X	
A7000	NEGATIVE PRESSURE WOUND THERAPY	CANISTER, DISP,USED WITH SUCTION PUMP EA	X	
A7001	OXYGEN & RESPIRATORY SUPPLIES	CANISTER, NON-DISP, USED W/SUCTION PUMP	X	
A7002	OXYGEN & RESPIRATORY SUPPLIES	TUBING, USED WITH SUCTION PUMP, EACH	X	
A7003	OXYGEN & RESPIRATORY SUPPLIES	ADMIN SET, SM VOL NON-FILT PNEU NEB,DISP	X	
A7004	OXYGEN & RESPIRATORY SUPPLIES	SM VOL NON-FILT PNEU NEB, DISP	X	
A7005	OXYGEN & RESPIRATORY SUPPLIES	ADMIN SET SM VOL NONFILT PNEU NEB NONDIS	X	
A7006	OXYGEN & RESPIRATORY SUPPLIES	ADMIN SET SM VOL FILTERED PNEU NEBULIZER	X	
A7007	OXYGEN & RESPIRATORY SUPPLIES	LARGE VOL NEB,DISP,UNFILT,USED W/AEROSAL	X	
A7008	OXYGEN & RESPIRATORY SUPPLIES	LARGE VOL NEB,DISP,PREFILL,USED W/AEROSL		X
A7009	OXYGEN & RESPIRATORY SUPPLIES	RESERVOIR BOTTLE,NONDISP,USED W/LG VOL	X	
A7010	OXYGEN & RESPIRATORY SUPPLIES	CORRUGATED TUBING,DISP,USED W/LG VOL NEB	X	
A7011	OXYGEN & RESPIRATORY SUPPLIES	CORRUGATED TUBING,NON-DISP,USED W/LG VOL		X
A7012	OXYGEN & RESPIRATORY SUPPLIES	WATER COLLECTION DEV,USED W/LG VOL NEB	X	
A7013	OXYGEN & RESPIRATORY SUPPLIES	FILTER, DISP, USED W/AEROSOL COMPRESSOR	X	
A7014	OXYGEN & RESPIRATORY SUPPLIES	FILTER,NON-DISP,USED W/AEROSOL COMP/ULTR	X	

**SCOPE OF WORK**  
**APRIA HEALTHCARE, INC.**  
**DME, RESPIRATORY THERAPY, NPWT & ENTERAL THERAPY SERVICES**

HCPC	HCPC Category	HCPC Description	Provided	Not Provided
A7015	OXYGEN & RESPIRATORY SUPPLIES	AEROSOL MASK, USED W/DME NEBULIZER	X	
A7016	OXYGEN & RESPIRATORY SUPPLIES	DOMES & MOUTHPIECE, USED W/SM VOL UNTRANEB	X	
A7017	OXYGEN & RESPIRATORY SUPPLIES	NEBULIZER, DURABLE, GLASS/PLASTIC BOTTLE	X	
A7018	OXYGEN & RESPIRATORY SUPPLIES	WATER, DISTILLED, USED W/LG VOL NEB 1000ML	X	
A7025	OXYGEN & RESPIRATORY SUPPLIES	CHEST COMPRESS VEST FOR OSCILLATION SYST		X
A7026	OXYGEN & RESPIRATORY SUPPLIES	CHEST COMPRESS HOSE FOR OSCILLATION SYST		X
A7027	OXYGEN & RESPIRATORY SUPPLIES	CPAP ORAL/NASAL MASK COMBINATION	X	
A7028	OXYGEN & RESPIRATORY SUPPLIES	CPAP ORAL CUSH COMBO ORAL/NASAL MASK RPL	X	
A7029	OXYGEN & RESPIRATORY SUPPLIES	CPAP PILLOWS COMBO ORAL/NASAL PR REPLCMT	X	
A7030	OXYGEN & RESPIRATORY SUPPLIES	CPAP/RAD FULL FACE MASK	X	
A7031	OXYGEN & RESPIRATORY SUPPLIES	CPAP FULL FACE MASK INTERFACE/CUSHION	X	
A7032	OXYGEN & RESPIRATORY SUPPLIES	CPAP/RAD CUSHION NASAL MASK, REPLACEMENT	X	
A7033	OXYGEN & RESPIRATORY SUPPLIES	CPAP/RAD PILLOWS NASAL CANNULA TYPE REPL	X	
A7034	OXYGEN & RESPIRATORY SUPPLIES	CPAP/RAD MASK OR NASAL APPLCTN DEVICE	X	
A7035	OXYGEN & RESPIRATORY SUPPLIES	CPAP/RAD HEADGEAR	X	
A7036	OXYGEN & RESPIRATORY SUPPLIES	CPAP/RAD CHINSTRAP	X	
A7037	OXYGEN & RESPIRATORY SUPPLIES	CPAP/RAD TUBING	X	
A7038	OXYGEN & RESPIRATORY SUPPLIES	CPAP/RAD DISPOSABLE FILTER, EACH	X	
A7039	OXYGEN & RESPIRATORY SUPPLIES	CPAP/RAD FILTER NON-DISPOSABLE, EACH	X	
A7040	OXYGEN & RESPIRATORY SUPPLIES	ONE WAY CHEST DRAIN VALVE		X
A7041	OXYGEN & RESPIRATORY SUPPLIES	DRAINAGE BOTTLE/TUBING FOR CHEST IMPLANT		X
A7042	OXYGEN & RESPIRATORY SUPPLIES	IMPLANTED PLEURAL CATHETER, EACH		X
A7043	OXYGEN & RESPIRATORY SUPPLIES	VACUUM DRAINAGE BOTTLE/TUBING FOR A7042		X
A7044	OXYGEN & RESPIRATORY SUPPLIES	CPAP/RAD ORAL INTERFACE (ORACLE MASK)	X	
A7045	OXYGEN & RESPIRATORY SUPPLIES	EXHALATION PORT FOR CPAP/RAD DEVICE	X	
A7046	OXYGEN & RESPIRATORY SUPPLIES	WATER CHAMBER FOR CPAP/BIPAP HUMIDIFIER	X	
A7501	OXYGEN & RESPIRATORY SUPPLIES	TRACHEOSTOMA VALVE, W/DIAPHRAM, EACH	X	
A7502	OXYGEN & RESPIRATORY SUPPLIES	REPLACEMENT DIAPHRAM FOR TRACH VALVE, EA	X	
A7503	OXYGEN & RESPIRATORY SUPPLIES	FILTER HOLDER OR CAP, FOR TRACH EXCH SYS	X	
A7504	OXYGEN & RESPIRATORY SUPPLIES	FILTER FOR TRACH MOISTURE EXCHANGE SYSTE	X	
A7505	OXYGEN & RESPIRATORY SUPPLIES	HOUSING, REUSABLE, W/O ADHESIVE FOR TRACH	X	
A7506	OXYGEN & RESPIRATORY SUPPLIES	ADHESIVE DISC FOR TRACH VALVE/EXCHNG, EA	X	
A7507	OXYGEN & RESPIRATORY SUPPLIES	FILTER & HOLDER, W/O ADHES FOR TRACH VAL	X	
A7508	OXYGEN & RESPIRATORY SUPPLIES	HOUSING & ADHESIVE, TRACH VALVE/EXCHNGE	X	
A7509	OXYGEN & RESPIRATORY SUPPLIES	FILTER HOLDER/HOUSING W/ADHESIVE FOR TRA	X	
A7520	OXYGEN & RESPIRATORY SUPPLIES	TRACH TUBE, NONCUFFED, PVC, SILICONE, OR EQL	X	

**SCOPE OF WORK**  
**APRIA HEALTHCARE, INC.**  
**DME, RESPIRATORY THERAPY, NPWT & ENTERAL THERAPY SERVICES**

HCPC	HCPC Category	HCPC Description	Provided	Not Provided
A7521	OXYGEN & RESPIRATORY SUPPLIES	TRACH TUBE, CUFFED, PVC, SILICONE OR EQL	X	
A7522	OXYGEN & RESPIRATORY SUPPLIES	TRACH TUBE, STAINLESS STEEL OR EQUAL, EA	X	
A7523	OXYGEN & RESPIRATORY SUPPLIES	TRACHEOSTOMY SHOWER PROTECTOR, EACH	X	
A7524	OXYGEN & RESPIRATORY SUPPLIES	TRACHEOSTOMA STENT/STUD/BUTTON, EACH	X	
A7525	OXYGEN & RESPIRATORY SUPPLIES	TRACHOSTOMY MASK, EACH	X	
A7526	OXYGEN & RESPIRATORY SUPPLIES	TRACHEOSTOMY TUBE COLLAR/HOLDER, EACH	X	
A7527	OXYGEN & RESPIRATORY SUPPLIES	TRACH TUBE PLUG/STOP, EACH	X	
A8000	SUPPLIES	HELMET,PROTECT,SOFT,PREFABRICATED	X	X
A8001	SUPPLIES	HELMET,PROTECT,HARD,PREFABRICATED	X	X
A9150	ADMIN., MISC. & INVESTIGATIONAL	NON-PERScription DRUGS	X	X
A9152	ADMIN., MISC. & INVESTIGATIONAL	SINGLE VITAMIN/MINERAL ORAL, PER DOSE	X	X
A9153	ADMIN., MISC. & INVESTIGATIONAL	MULTIPLE VITAMINS, ORAL, PER DOSE	X	X
A9180	OXYGEN & RESPIRATORY SUPPLIES	PEDICULOSIS TREATMENT, TOPICAL	X	X
A9270	ADMIN., MISC. & INVESTIGATIONAL	NON-COVERED ITEM OR SERVICE	X	X
A9279	ADMIN., MISC. & INVESTIGATIONAL	MONITORING FEATURE/DEVICE NOC	X	
A9280	ADMIN., MISC. & INVESTIGATIONAL	ALERT OR ALARM DEVICE, NOC		X
A9281	ADMIN., MISC. & INVESTIGATIONAL	REACHER/GRABBING DEVICE,ANY TYPE LENGTH		X
A9284	ADMIN., MISC. & INVESTIGATIONAL	SPIROMETER NON-ELECTRONIC, ALL ACCESSOR		X
A9300	ADMIN., MISC. & INVESTIGATIONAL	EXERCISE EQUIPMENT		X
A9900	ADMIN., MISC. & INVESTIGATIONAL	MISC SUPPLY OR COMPONENT OF ANOTHER HCPC	X	
A9901	ADMIN., MISC. & INVESTIGATIONAL	DELIVERY, S/U DISPENSING OF ANOTHER HCPC	X	
A9999	ADMIN., MISC. & INVESTIGATIONAL	MISC DME SUPPLY OR ACCESSORY, NOC	X	
B4034	ENTERAL NUTRITION	ENT FEEDING SUPPLY KIT;SYRINGE, PER DAY	X	
B4035	ENTERAL NUTRITION	ENT FEEDING SUPPLY KIT;PUMP FED,PER DAY	X	
B4036	ENTERAL NUTRITION	ENT FEEDING SUPPLY KIT;GRAVITY FED/DAY	X	
B4081	ENTERAL NUTRITION	NASOGASTRIC TUBING; WITH STYLET	X	
B4082	ENTERAL NUTRITION	NASOGASTRIC TUBING; W/O STYLET	X	
B4083	ENTERAL NUTRITION	STOMACH TUBE - LEVINE TYPE	X	
B4087	ENTERAL NUTRITION	GASTROSTOMY/JEJUNOSTOMY,TUBE STANDARD,EA	X	
B4088	ENTERAL NUTRITION	GASTROSTOMY/JEJUNOSTOMY,TUBE LOW-PROFILE	X	
B4100	ENTERAL NUTRITION	FOOD THICKENER, ADMINISTERED ORALLY, OZ	X	
B4102	ENTERAL NUTRITION	ENT FOR ADULT,TO REPLACE FLUID/ELECTROLY	X	
B4103	ENTERAL NUTRITION	ENT FOR PED,TO REPLACE FLUID/ELECTROLYTE	X	
B4104	ENTERAL NUTRITION	ADDITIVE FOR ENTERAL FORMULA	X	
B4149	ENTERAL NUTRITION	ENT BLENDERIZED NATURAL FOODS W/INTACT N	X	
B4150	ENTERAL NUTRITION	ENT,COMPLETE NUTR,W/INTACT NUTRIENTS	X	
B4152	ENTERAL NUTRITION	ENT,COMPLETE NUTR,CALORICALLY DENSE	X	
B4153	ENTERAL NUTRITION	ENT,COMPLETE NUTR,HYDROLYZED PROTEINS	X	
B4154	ENTERAL NUTRITION	ENT,COMPLETE NUTR,FOR SPECIAL METAB NEED	X	
B4155	ENTERAL NUTRITION	ENT,INCOMPLETE/MODULAR NUTRIENTS	X	

**SCOPE OF WORK**  
**APRIA HEALTHCARE, INC.**  
**DME, RESPIRATORY THERAPY, NPWT & ENTERAL THERAPY SERVICES**

HCPC	HCPC Category	HCPC Description	Provided	Not Provided
B4157	ENTERAL NUTRITION	ENT FOR METABOLIC NEEDS, INHERITED DISEAS	X	
B4158	ENTERAL NUTRITION	ENT FOR PED, COMPLETE NUTRIENTS	X	
B4159	ENTERAL NUTRITION	ENT FOR PED, COMPLETE NUTRIENTS, SOY BASED	X	
B4160	ENTERAL NUTRITION	ENT FOR PED, COMPLETE NUTRIENTS, DENSE CAL	X	
B4161	ENTERAL NUTRITION	ENT FOR PED W/AMINO ACIDS AND PROTEINS	X	
B4162	ENTERAL NUTRITION	ENT FOR PED, METABOLIC NEED, INHERIT DISEA	X	
B4164 – B5200	PARENTERAL NUTRITION	PARENTERAL NUTRITION		X
B9000	ENTERAL NUTRITION	ENTERAL NUTRITION INFUSN PUMP; W/O ALARM	X	
B9002	ENTERAL NUTRITION	ENTERAL NUTRITION INFUSN PUMP; W/ALARM	X	
B9004	PARENTERAL NUTRITION	PARENTERAL NUTR INFUSION PUMP; PORTABLE		X
B9998	ENTERAL NUTRITION	NOC FOR ENTERAL SUPPLIES	X	
B9999	PARENTERAL NUTRITION	NOC FOR PARENTERAL SUPPLIES		X
E0100	CANES, CRUTCHES & WALKERS	CANE, ALL MATERIALS, ADJ/FIXED, W/TIP	X	
E0105	CANES, CRUTCHES & WALKERS	CANE, QUAD/3PRONG, ADJ/FIXED, W/TIP	X	
E0110	CANES, CRUTCHES & WALKERS	CRUTCH, FOREARM, PR, ADJ/FIXED, TIPS/GRIPS	X	
E0111	CANES, CRUTCHES & WALKERS	CRUTCH, FOREARM, EA, ADJ/FIXED, TIPS/GRIPS	X	
E0112	CANES, CRUTCHES & WALKERS	CRUTCH, UNDERARM, PR, ADJ/FIXED, PAD/TIP/GRP	X	
E0113	CANES, CRUTCHES & WALKERS	CRUTCH, UNDERARM, EA, WOOD, ADJ/FIX, P/T/GRIP	X	
E0114	CANES, CRUTCHES & WALKERS	CRUTCH, UNDERARM, OTH THN WOOD, ADJ/FXD, PR	X	
E0116	CANES, CRUTCHES & WALKERS	CRUTCH, UNDERARM, OTH THN WOOD, ADJ/FXD, EA	X	
E0117	CANES, CRUTCHES & WALKERS	CRUTCH UNDERARM ARTICULATING SPRING ASST		X
E0118	CANES, CRUTCHES & WALKERS	CRUTCH SUBSTITUTE, LOWER LEG PLATFORM, EA		X
E0130	CANES, CRUTCHES & WALKERS	WALKER, RIGID(PICKUP), ADJ/FIXED HEIGHT	X	
E0135	CANES, CRUTCHES & WALKERS	WALKER, FOLDING(PICKUP), ADJ/FIXED HEIGHT	X	
E0140	CANES, CRUTCHES & WALKERS	WALKER W/TRUNK SUPPORT, ADJ OR FIXED, EA		X
E0141	CANES, CRUTCHES & WALKERS	WALKER, RIGID, WHEELED, WITHOUT SEAT	X	
E0143	CANES, CRUTCHES & WALKERS	WALKER, FOLDING, WHEELED W/O SEAT	X	
E0144	CANES, CRUTCHES & WALKERS	WALKER, ENCLOSED W/WHEELS & SEAT	X	
E0147	CANES, CRUTCHES & WALKERS	WALKER, H/D, MULT BRAKE, VARIABLE WHEEL RES	X	
E0148	CANES, CRUTCHES & WALKERS	WALKER, HEAVY DUTY, W/O WHEELS, ANY TYPE	X	
E0149	CANES, CRUTCHES & WALKERS	WALKER, HEAVY DUTY, W/WHEELS, ANY TYPE	X	
E0153	CANES, CRUTCHES & WALKERS	PLATFORM ATTACHMENT; FOREARM CRUTCH, EA	X	
E0154	CANES, CRUTCHES & WALKERS	PLATFORM ATTACHMENT; WALKER, EA	X	
E0155	CANES, CRUTCHES & WALKERS	WHEEL ATTACHMENT, RIGID PICKUP WALKER	X	
E0156	CANES, CRUTCHES & WALKERS	SEAT ATTACHMENT, WALKER	X	
E0157	CANES, CRUTCHES & WALKERS	CRUTCH ATTACHMENT, WALKER, EA	X	
E0158	CANES, CRUTCHES & WALKERS	LEG EXTENSIONS FOR WALKER, PER SET OF 4	X	

**SCOPE OF WORK**  
**APRIA HEALTHCARE, INC.**  
**DME, RESPIRATORY THERAPY, NPWT & ENTERAL THERAPY SERVICES**

HCPC	HCPC Category	HCPC Description	Provided	Not Provided
E0159	CANES, CRUTCHES & WALKERS	BRAKE ATTCHMT,WHEELED WALKER,REPLCMT,EA	X	
E0160	COMMODOES	SITZ BATH/EQPMT,PRTBL,USED W/W/O COMMODE	X	
E0161	COMMODOES	SITZ BATH/EQPMT,PORTBLE, W/FAUCET ATTACH	X	
E0162	COMMODOES	SITZ BATH CHAIR	X	
E0163	COMMODOES	COMMODE CHAIR;STATIONARY W/FIXED ARMS	X	
E0165	COMMODOES	COMMODE CHAIR;STATIONARY W/DETACH ARMS	X	
E0167	COMMODOES	PAIL/PAN FOR USE W/COMMODE CHAIR,REPLCMT	X	
E0168	COMMODOES	COMMODE, HEAVY DUTY, WHEELED, ANY TYPE	X	
E0171	COMMODOES	COMMODE CHAIR W/INTEGRATED LIFT NON ELECT		X
E0175	COMMODOES	FOOT REST, FOR USE W/COMMODE CHAIR, EA		X
E0181	DECUBITUS CARE EQUIPMENT	PRESSURE PAD,ALTERNATING W/PUMP; H/D	X	
E0182	DECUBITUS CARE EQUIPMENT	PUMP FOR ALTERNATING PRESSURE PAD,REPLMT	X	
E0184	DECUBITUS CARE EQUIPMENT	DRY PRESSURE MATTRESS	X	
E0185	DECUBITUS CARE EQUIPMENT	GEL/GEL-LIKE PRESS PAD FOR MATTRESS, STD	X	
E0186	DECUBITUS CARE EQUIPMENT	AIR PRESSURE MATTRESS	X	
E0187	DECUBITUS CARE EQUIPMENT	WATER PRESSURE MATTRESS	X	
E0188	DECUBITUS CARE EQUIPMENT	SYNTHETIC SHEEPSKIN PAD	X	
E0189	DECUBITUS CARE EQUIPMENT	LAMBSWOOL SHEEPSKIN PAD, ANY SIZE	X	
E0190	TRACTION & TRAPEZE EQUIPMENT	POSITIONING CUSHION/PILLOW/WEDGE, EACH		X
E0191	DECUBITUS CARE EQUIPMENT	HEEL OR ELBOW PROTECTOR, EA	X	
E0193	DECUBITUS CARE EQUIPMENT	POWERED AIR FLOTATION BED (LOW AIR LOSS)		X
E0194	DECUBITUS CARE EQUIPMENT	AIR FLUIDIZED BED		X
E0196	DECUBITUS CARE EQUIPMENT	GEL PRESSURE MATTRESS	X	
E0197	DECUBITUS CARE EQUIPMENT	AIR PRESSURE PAD FOR MATTRESS, STD WDT	X	
E0198	DECUBITUS CARE EQUIPMENT	WATER PRESSURE PAD FOR MATTRESS,STANDARD	X	
E0199	DECUBITUS CARE EQUIPMENT	DRY PRESSURE PAD FOR MATTRESS, STANDARD	X	
E0200	HEAT/COLD APPLICATION	HEAT LAMP,W/O STAND W/BULB OR INFRARED	X	
E0202	HEAT/COLD APPLICATION	PHOTOTHERAPY(BILIRUBIN) LIGHT W/PHOTOMET	X	
E0203	HEAT/COLD APPLICATION	THERAPEUTIC LIGHTBOX,>10,000 LUX TABLETP	X	
E0205	HEAT/COLD APPLICATION	HEAT LAMP W/STAND & BULB OR INFRARED	X	
E0210	HEAT/COLD APPLICATION	ELECTRIC HEAT PAD, STD	X	
E0215	HEAT/COLD APPLICATION	ELECTRIC HEAT PAD, MOIST	X	
E0217	HEAT/COLD APPLICATION	WATER CIRCULATING HEAT PAD W/PUMP	X	
E0218	HEAT/COLD APPLICATION	WATER CIRCULATING COLD PAD W/PUMP	X	
E0235	HEAT/COLD APPLICATION	PARAFFIN BATH UNIT, PORTABLE (SEEA4265)	X	
E0238	HEAT/COLD APPLICATION	NON-ELECTRIC HEAT PAD, MOIST	X	
E0240	BATH AND TOILET AIDS	BATH/SHOWER CHAIR W/ OR W/O WHEELS, EA	X	
E0241	BATH AND TOILET AIDS	BATH TUB WALL RAIL, EA		X
E0242	BATH AND TOILET AIDS	BATH TUB RAIL, FLOOR BASE		X

**SCOPE OF WORK**  
**APRIA HEALTHCARE, INC.**  
**DME, RESPIRATORY THERAPY, NPWT & ENTERAL THERAPY SERVICES**

HCPC	HCPC Category	HCPC Description	Provided	Not Provided
E0243	BATH AND TOILET AIDS	TOILET RAIL, EA		X
E0244	BATH AND TOILET AIDS	RAISED TOILET SEAT	X	
E0245	BATH AND TOILET AIDS	TUB STOOL OR BENCH	X	
E0246	BATH AND TOILET AIDS	TRANSFR TUB RAIL ATTACHMENT		X
E0247	BATH AND TOILET AIDS	TRANSFER BENCH FOR TUB OR TOILET	X	
E0248	BATH AND TOILET AIDS	TRANSFER BENCH, HD, W OR W/O COMMODE OPE	X	
E0249	HEAT/COLD APPLICATION	PAD FOR WATER CIRCULATING HEAT UNIT	X	
E0250	HOSPITAL BEDS & ACCESSORIES	HOSP BED W/SIDE RAILS, FIXED W/MATTRESS	X	
E0251	HOSPITAL BEDS & ACCESSORIES	HOSP BED W/SIDE RAILS, FIXED W/O MATT	X	
E0255	HOSPITAL BEDS & ACCESSORIES	HOSP BED W/SIDE RAILS,VAR HT,HI-LO,MATT	X	
E0256	HOSPITAL BEDS & ACCESSORIES	HOSP BED, W/S R VAR HT HI-LO W/O MATT	X	
E0260	HOSPITAL BEDS & ACCESSORIES	HOSP BED, W/SIDE RAILS, SEMI-ELEC, MATT	X	
E0261	HOSPITAL BEDS & ACCESSORIES	HOSP BED, W/S R SEMI-ELECT, W/O MATT	X	
E0265	HOSPITAL BEDS & ACCESSORIES	HOSP BED, TOTAL ELEC, SIDE RAILS, MATT	X	
E0266	HOSPITAL BEDS & ACCESSORIES	HOSP BED W/SIDE RAILS, TOTAL ELEC,NO MAT	X	
E0270	HOSPITAL BEDS & ACCESSORIES	HOSP BED, INST TYPE, OSCILLATING W/MATT		X
E0271	HOSPITAL BEDS & ACCESSORIES	MATTRESS, INNERSPRING	X	
E0272	HOSPITAL BEDS & ACCESSORIES	MATTRESS, FOAM RUBBER	X	
E0273	HOSPITAL BEDS & ACCESSORIES	BED BOARD		X
E0274	HOSPITAL BEDS & ACCESSORIES	OVERBED TABLE	X	
E0275	HOSPITAL BEDS & ACCESSORIES	BED PAN, STANDARD METAL OR PLASTIC	X	
E0276	HOSPITAL BEDS & ACCESSORIES	BED PAN, FRACTURE, METAL OR PLASTIC	X	
E0277	HOSPITAL BEDS & ACCESSORIES	POWER PRESSURE-REDUCING AIR MATTRESS	X	
E0280	HOSPITAL BEDS & ACCESSORIES	BED, CRADLE, ANY TYPE	X	
E0290	HOSPITAL BEDS & ACCESSORIES	HOSP BED;FXD HGT,W/O SIDE RAILS,W/MATTRS	X	
E0291	HOSPITAL BEDS & ACCESSORIES	HOSP BED; FXD HGT, W/O SIDE RAILS/MATTRS	X	
E0292	HOSPITAL BEDS & ACCESSORIES	HOSP BED,VAR HGT,W/O SIDE RAILS,W/MATTRS	X	
E0293	HOSPITAL BEDS & ACCESSORIES	HOSP BED, VAR HGT, W/O SIDE RAILS/MATTRS	X	
E0294	HOSPITAL BEDS & ACCESSORIES	HOSP BED,SEMI-ELECT,W/MATT,W/O SIDE RAIL	X	
E0295	HOSPITAL BEDS & ACCESSORIES	HOSP BED,SEMI-ELECT,W/O MATT/SIDE RAILS	X	
E0296	HOSPITAL BEDS & ACCESSORIES	HOSP BED,TOT-ELECT,W/O SIDE RAILS,W/MATT	X	
E0297	HOSPITAL BEDS & ACCESSORIES	HOSP BED,TOT-ELECT,W/O SIDE RAILS/MATTRS	X	
E0300	HOSPITAL BEDS & ACCESSORIES	PEDIATRIC CRIB, HOSPITAL GRADE, FULLY EN	X	
E0301	HOSPITAL BEDS & ACCESSORIES	HD,XTRA WIDE HOSP BED >350LBS<600L W/O M	X	
E0302	HOSPITAL BEDS & ACCESSORIES	HD, EXTRA WIDE,HOSP BED >600LBS, W/O MAT	X	
E0303	HOSPITAL BEDS & ACCESSORIES	HD XTRA WIDE HOSP BED,>350<600LBS W/MATT	X	
E0304	HOSPITAL BEDS & ACCESSORIES	HD XTRA WIDE HOSP BED,>600LBS W/MATT W/R	X	
E0305	HOSPITAL BEDS & ACCESSORIES	BED SIDE RAILS; HALF LENGTH	X	
E0310	HOSPITAL BEDS & ACCESSORIES	BED SIDE RAILS; FULL LENGTH	X	
E0315	HOSPITAL BEDS & ACCESSORIES	BED ACCESS:BOARD/TBL/SPRRT DVICE,ANYTYPE		X
E0316	HOSPITAL BEDS & ACCESSORIES	SAFETY ENCLOSURE FRAME FOR HOSP BED, ANY	X	
E0325	HOSPITAL BEDS & ACCESSORIES	URINAL; MALE, JUG TYPE, ANY MATERIAL	X	



**SCOPE OF WORK**  
**APRIA HEALTHCARE, INC.**  
**DME, RESPIRATORY THERAPY, NPWT & ENTERAL THERAPY SERVICES**

HCPC	HCPC Category	HCPC Description	Provided	Not Provided
E0326	HOSPITAL BEDS & ACCESSORIES	URINAL; FEMALE, JUG TYPE, ANY MATERIAL	X	
E0350	HOSPITAL BEDS & ACCESSORIES	CONTROL UNIT ELECT BOWEL IRRIG/EVACUATON		X
E0352	HOSPITAL BEDS & ACCESSORIES	DIAPOSABLE PACK USE W ELEC BOWEL IRRIG		X
E0370	HOSPITAL BEDS & ACCESSORIES	AIR PRESSURE ELEVATOR FOR HEEL		X
E0371	HOSPITAL BEDS & ACCESSORIES	NON-PWRD ADVANCE PRESS REDC OVERLAY MATT	X	
E0372	HOSPITAL BEDS & ACCESSORIES	POWERED AIR OVERLAY FOR MATTRESS STD	X	
E0373	HOSPITAL BEDS & ACCESSORIES	NONPWRD ADVANCD PRESSURE REDUCING MATT	X	
E0424 *	OXYGEN & RESPIRATORY EQUIPMENT	STATIONARY COMPRESSED GAS OX SYS;RENTAL	X	
E0425	OXYGEN & RESPIRATORY EQUIPMENT	STATIONARY COMPRESSED GAS SYS;PURCHASE		X
E0430	OXYGEN & RESPIRATORY EQUIPMENT	PORTABLE GASEOUS OXYGEN SYSTEM, PURCHASE		X
E0431 *	OXYGEN & RESPIRATORY EQUIPMENT	PORTABLE GASEOUS OXYGEN SYSTEM; RENTAL	X	
E0434 *	OXYGEN & RESPIRATORY EQUIPMENT	PORTABLE LOX SYSTEM;RENTAL	X	
E0435	OXYGEN & RESPIRATORY EQUIPMENT	PORTABLE LOX SYSTEM;PURCHASE		X
E0439 *	OXYGEN & RESPIRATORY EQUIPMENT	STATIONARY LIQUID OXYGEN SYSTEM;RENTAL	X	
E0440	OXYGEN & RESPIRATORY EQUIPMENT	STATIONARY LIQUID OXYGEN SYSTEM;PURCHASE		X
E0441	OXYGEN & RESPIRATORY EQUIPMENT	OX CONT STAT GAS SALE 1 MONTH'S SUPPLY	X	
E0442	OXYGEN & RESPIRATORY EQUIPMENT	OX CONT STAT LOX SALE 1 MONTH'S SUPPLY	X	
E0443	OXYGEN & RESPIRATORY EQUIPMENT	OX CONTENTS PORT GAS 1 MONTH'S SUPPLY	X	
E0444	OXYGEN & RESPIRATORY EQUIPMENT	OX CONTENTS PORT LOX 1 MONTH'S SUPPLY	X	
E0445	OXYGEN & RESPIRATORY EQUIPMENT	PULSE OXIMETER	X	
E0450	OXYGEN & RESPIRATORY EQUIPMENT	VOLUME VENT STAT/PORT W/INVASIVE INTERFC	X	
E0455	OXYGEN & RESPIRATORY EQUIPMENT	OXY TENT, EXCL CROUP OR PEDIATRIC TENTS	X	
E0457	OXYGEN & RESPIRATORY EQUIPMENT	CHEST SHELL (CUIRASS)	X	
E0459	OXYGEN & RESPIRATORY EQUIPMENT	CHEST WRAP	X	
E0460 *	OXYGEN & RESPIRATORY EQUIPMENT	NEGATIVE PRESSURE VENTILATOR STAT/PORT	X	
E0461 *	OXYGEN & RESPIRATORY EQUIPMENT	VOLUME VENT,USED W/NONINVASIVE INTERFACE	X	
E0462	OXYGEN & RESPIRATORY EQUIPMENT	ROCKING BED WITH OR WITHOUT SIDE RAILS		X
E0463 *	OXYGEN & RESPIRATORY EQUIPMENT	PRESSURE VENT USED W/INVASIVE INTERFACE	X	
E0464 *	OXYGEN & RESPIRATORY EQUIPMENT	PRESSURE VENT USED W/NON-INVASIVE INTERF	X	
E0470	OXYGEN & RESPIRATORY EQUIPMENT	RESPIRATORY ASSIST DEVICE,WITHOUT BACKUP	X	
E0471 *	OXYGEN & RESPIRATORY EQUIPMENT	RESPIRATORY ASSIST DEVICE, BILEVL NONINV	X	
E0472	OXYGEN & RESPIRATORY EQUIPMENT	RESPIRATORY ASSIST DEVICE, BILEVL INVASI	X	
E0480	OXYGEN & RESPIRATORY EQUIPMENT	PERCUSSOR,ELEC/PNEUMATIC, HOME MODEL	X	
E0481	OXYGEN & RESPIRATORY EQUIPMENT	INTRAPULMONARY PERCUSSIVE VENT SYSTEM	X	
E0482	OXYGEN & RESPIRATORY EQUIPMENT	COUGH STIMULATING DEVCE ALTERN. +- PRESS	X	
E0483	OXYGEN & RESPIRATORY EQUIPMENT	CHEST WALL OSCILLATION SYSTEM, HI FREQ		X
E0484	OXYGEN & RESPIRATORY EQUIPMENT	OSCILLATORY POSITIVE EXPIRATORY DEVICE	X	
E0487	OXYGEN & RESPIRATORY EQUIPMENT	SPIROMETER ELECTRONIC, ALL ACCESSORIES	X	
E0500	OXYGEN & RESPIRATORY EQUIPMENT	IPPB MACH W/MNUL/AUTO VALVES;INT/EXT PWR	X	

**SCOPE OF WORK**  
**APRIA HEALTHCARE, INC.**  
**DME, RESPIRATORY THERAPY, NPWT & ENTERAL THERAPY SERVICES**

HCPC	HCPC Category	HCPC Description	Provided	Not Provided
E0550	OXYGEN & RESPIRATORY EQUIPMENT	HUMIDIFIER FOR EXTENSIVE SUPPL IPPB/OXY	X	
E0555	OXYGEN & RESPIRATORY EQUIPMENT	HUMIDIFIER FOR REGULATOR / FLOWMETER	X	
E0560	OXYGEN & RESPIRATORY EQUIPMENT	HUMIDIFIER FOR SUPPL IPPB/OXY DELIVERY	X	
E0561	OXYGEN & RESPIRATORY EQUIPMENT	NON HEATED HUMIDIFIER, FOR CPAP/RAD	X	
E0562	OXYGEN & RESPIRATORY EQUIPMENT	HEATED HUMIDIFIER, USED WITH CPAP/RAD	X	
E0565	OXYGEN & RESPIRATORY EQUIPMENT	COMPRESSOR, EQUIP NOT SELF-CONTAINED	X	
E0570	OXYGEN & RESPIRATORY EQUIPMENT	NEBULIZER;W/AIR COMPRESSOR	X	
E0571	OXYGEN & RESPIRATORY EQUIPMENT	AEROSOL COMPRESSOR, BATTERY PWRD FOR SVN	X	
E0572	OXYGEN & RESPIRATORY EQUIPMENT	AEROSOL COMPRESSOR,ADJ PRESSURE INTERMTN	X	
E0574	OXYGEN & RESPIRATORY EQUIPMENT	ULTRASONIC GENERATOR FOR ULTRASONIC SVN	X	
E0575	OXYGEN & RESPIRATORY EQUIPMENT	NEBULIZER, ULTRASONIC, LARGE VOLUME	X	
E0580	OXYGEN & RESPIRATORY EQUIPMENT	NEBULIZER, GLASS/AUTOCLAVE FOR FLOWMETER	X	
E0585	OXYGEN & RESPIRATORY EQUIPMENT	NEBULIZER W/COMPRESSOR & HEATER	X	
E0600	OXYGEN & RESPIRATORY EQUIPMENT	SUCT PMP,HOME MODEL,PORTBLE/STAT ELECTRC	X	
E0601	OXYGEN & RESPIRATORY EQUIPMENT	CONTINUOUS AIRWAY PRESSURE(CPAP) DEVICE	X	
E0602	BREAST PUMPS	BREAST PUMP, MANUAL, ANY KIND		X
E0603	BREAST PUMPS	BREAST PUMP,ELECTRIC(AC &/OR DC)ANY TYPE		X
E0604	BREAST PUMPS	BRST PUMP,HOSP GRD,ELECTRIC ANY TYPE		X
E0605	DURABLE MEDICAL EQUIPMENT	VAPORIZER, ROOM TYPE		X
E0606	DURABLE MEDICAL EQUIPMENT	POSTURAL DRAINAGE BOARD	X	
E0607	DIABETIC SUPPLIES	BLOOD GLUCOSE MONITOR, HOME		X
E0617	MONITORING EQUIPMENT	DEFIBRILLATOR W/ELECTROCARDIO ANALYSIS		X
E0618	MONITORING EQUIPMENT	APNEA MONITOR, W/O RECORDING FEATURE		X
E0619	MONITORING EQUIPMENT	APNEA MONITOR, W/RECORDING DEVICE	X	
E0621	PATIENT LIFTS	SLING OR SEAT, PATIENT LIFT,CANVAS/NYLON	X	
E0625	PATIENT LIFTS	PATIENT LIFT,BATHROOM OR TOILET,NOC	X	
E0627	PATIENT LIFTS	SEATLIFT MECHANISM INCORP W/COM LIFT CHR	X	
E0628	PATIENT LIFTS	SEATLIFT MECHANISM-ELECTRIC,FOR PT-OWN		X
E0629	PATIENT LIFTS	SEATLIFT MECH-NON-ELECTRIC,FOR PT-OWNED		X
E0630	PATIENT LIFTS	PATIENT LIFT;HYDRAULIC INC SEAT,SLING,PD	X	
E0635	PATIENT LIFTS	PATIENT LIFT;ELEC, W/SEAT OR SLING		X
E0636	PATIENT LIFTS	PATIENT LIFT, MULTIPOSITIONAL SUPPORT		X
E0637	PATIENT LIFTS	COMBO SIT TO STAND W/SEAT LIFT WHEELS OP		X
E0638	PATIENT LIFTS	STANDING FRAME SYSTEM, W/ OR W/O WHEELS		X
E0639	PATIENT LIFTS	PATIENT LIFT,MOVEABLE,W/ALL ACCESSORIES		X
E0640	PATIENT LIFTS	PATIENT LIFT,FIXED,W/ALL ACCESSORIES		X
E0641	PATIENT LIFTS	STANDING FRAME SYS,MULTI POSITION ANY SZ		X
E0642	PATIENT LIFTS	STANDING FRAME SYS,MOBILE ANY SIZE		X
E0650	PATIENT LIFTS	PNEUMATIC COMPRESSOR;NON-SEGMENTAL-HOME	X	
E0651	LYMPHEDEMA PUMPS & APPLIANCES	PNEUMATIC COMP; W/O CALIB GRADIENT PRESS		X

**SCOPE OF WORK**  
**APRIA HEALTHCARE, INC.**  
**DME, RESPIRATORY THERAPY, NPWT & ENTERAL THERAPY SERVICES**

HCPC	HCPC Category	HCPC Description	Provided	Not Provided
E0652	LYMPHEDEMA PUMPS & APPLIANCES	PNEUMATIC COMP;W/CALIB GRADIENT PRESS		X
E0656	LYMPHEDEMA PUMPS & APPLIANCES	SEGMENTAL PNEUMATIC APPLIANCE, TRUNK		X
E0657	LYMPHEDEMA PUMPS & APPLIANCES	SEGMENTAL PNEUMATIC APPLIANCE, TRUNK		X
E0660	LYMPHEDEMA PUMPS & APPLIANCES	PNEUMATIC APPL FOR PNEUM COMP;FULL-LEG		X
E0665	LYMPHEDEMA PUMPS & APPLIANCES	PNEUMATIC APPL FOR PNEUM COMP; FULL-ARM		X
E0666	LYMPHEDEMA PUMPS & APPLIANCES	PNEUMATIC APPL FOR PNEUM COMP; HALF-LEG		X
E0667	LYMPHEDEMA PUMPS & APPLIANCES	PNEUMATIC APPL FOR SEG COMPRESSOR;(LEG)		X
E0668	LYMPHEDEMA PUMPS & APPLIANCES	PNEUMATIC APPL FOR SEG COMPRESSOR;(ARM)		X
E0669	LYMPHEDEMA PUMPS & APPLIANCES	PNEUMATIC APPL FOR SEG COMPRESSOR(1/2LEG)		X
E0672	LYMPHEDEMA PUMPS & APPLIANCES	SEG GRAD PRESS PNEU APPLIANCE, FULL ARM		X
E0673	LYMPHEDEMA PUMPS & APPLIANCES	SEG GRAD PRESS PNEU APPLIANCE, HALF LEG		X
E0675	LYMPHEDEMA PUMPS & APPLIANCES	INFLAT/DEFLAT CYCLE FOR ARTERIAL INSUFFI		X
E0691	ULTRAVIOLET CABINETS	ULTRAVIOLET LIGHT THERAPY SYSTEM >2SQ FT	X	
E0692	ULTRAVIOLET CABINETS	ULTRAVIOLET LIGTH TERHAPY PANEL 4 FT	X	
E0693	ULTRAVIOLET CABINETS	ULTRAVIOLET LIGHT THERAPY SYSTEM, 6FT	X	
E0694	ULTRAVIOLET CABINETS	ULTRAVIOLET MULTIDIRECTIONAL SYSTEM 6FT	X	
E0700	SAFETY EQUIPMENT	SAFETY EQUIPMENT (BELT, HARNESS OR VEST)	X	
E0705	SAFETY EQUIPMENT	TRANSFER DEVICE, ANY TYPE EACH	X	
E0710	SAFETY EQUIPMENT	RESTRAINTS, ANY TYPE(CHEST,WRIST,ANKLE)		X
E0720	TRANSCUTANEOUS & NEUROMUSCULAR NERVE STIMULATORS	TENS; TWO-LEAD, LOCALIZED STIMULATION	X	
E0730	TRANSCUTANEOUS & NEUROMUSCULAR NERVE STIMULATORS	TENS; FOUR-LEAD, MULTIPLE NERVE STIM	X	
E0731	OTHER STIMULATORS	FORM FIT GARMENT FOR DELIVERY OF TENS	X	
E0744	OTHER STIMULATORS	NEUROMUSCULAR STIMULATOR FOR SCOLIOSIS		X
E0745	OTHER STIMULATORS	NEUROMUSCULAR STIM,ELECTRONIC SHOCK UNIT	X	
E0747	OTHER STIMULATORS	OSTEOGENESIS STIMULATOR,ELEC,NON-INVASVE		X
E0748	OTHER STIMULATORS	OSTEOGENESIS STIM;ELEC,NON-INVASVE,SPINE		X
E0776	INFUSION PUMPS & SUPPLIES	IV POLE	X	
E0779	INFUSION PUMPS & SUPPLIES	AMBULATORY INFUSION PUMP,REUSABLE >=8 HR		X
E0781	INFUSION PUMPS & SUPPLIES	AMBULATORY INFUSION PUMP W/ADMIN EQUIP		X
E0784	DIABETIC SUPPLIES	EXTERNL AMBULATORY INFUSION PUMP,INSULIN		X
E0830	TRACTION & TRAPEZE EQUIPMENT	AMBULATORY TRACTION DEVICE, ALL TYPES,EA		X
E0840	TRACTION & TRAPEZE EQUIPMENT	TRACTION FRAME,ATT TO HEADBD,CERV TRACTN	X	
E0849	TRACTION & TRAPEZE EQUIPMENT	TRACTION EQUIP, CERVICAL, FREE-STANDING	X	
E0850	TRACTION & TRAPEZE EQUIPMENT	TRACTION STAND,FREE STAND,CERV TRACTION	X	
E0855	TRACTION & TRAPEZE EQUIPMENT	CERVICAL TRACTION EQUIP NOT REQ STAND/FR	X	
E0860	TRACTION & TRAPEZE EQUIPMENT	TRACTION EQUIPMENT, OVERDOOR, CERVICAL	X	

**SCOPE OF WORK**  
**APRIA HEALTHCARE, INC.**  
**DME, RESPIRATORY THERAPY, NPWT & ENTERAL THERAPY SERVICES**

HCPC	HCPC Category	HCPC Description	Provided	Not Provided
E0870	TRACTION & TRAPEZE EQUIPMENT	TRACTN FRAME,ATTCH TO FTBD,EXTREM TRACTN	X	
E0880	TRACTION & TRAPEZE EQUIPMENT	TRACTION STAND,FREE STAND,EXTRMTY ACTION	X	
E0890	TRACTION & TRAPEZE EQUIPMENT	TRACTION FRAME,ATTCH TO FTBD,PELV TRACTN	X	
E0900	TRACTION & TRAPEZE EQUIPMENT	TRACTION STAND,FREE STAND,PELVIC TRACTN	X	
E0910	TRACTION & TRAPEZE EQUIPMENT	TRAPEZE BARS, ATTCH TO BED,W/GRAB BAR	X	
E0911	TRACTION & TRAPEZE EQUIPMENT	TRAPEZE BAR,HEAVY DUTY,ATTACHED TO BED	X	
E0912	TRACTION & TRAPEZE EQUIPMENT	TRAPEZE BAR,HEAVY DUTY,FREE STANDING	X	
E0920	TRACTION & TRAPEZE EQUIPMENT	FRACTURE FRAME;ATTCH TO BED,INCL WEIGHTS	X	
E0930	TRACTION & TRAPEZE EQUIPMENT	FRACTURE FRAME;FREE STAND,INCLD WEIGHTS	X	
E0935	TRACTION & TRAPEZE EQUIPMENT	PASSIVE MOTION EXERCISE DEVICE,KNEE ONLY		X
E0940	TRACTION & TRAPEZE EQUIPMENT	TRAPEZE BAR, FREE STAND W/GRAB BAR	X	
E0941	TRACTION & TRAPEZE EQUIPMENT	GRAVITY ASSISTED TRACTION DEVICE,ANYTYPE	X	
E0942	TRACTION & TRAPEZE EQUIPMENT	CERVICAL HEAD HARNESS/HALTER	X	
E0944	TRACTION & TRAPEZE EQUIPMENT	PELVIC BELT/HARNESS/BOOT	X	
E0945	TRACTION & TRAPEZE EQUIPMENT	EXTREMITY BELT/HARNESS	X	
E0946	TRACTION & TRAPEZE EQUIPMENT	FRACTURE FRAME;DUAL W/CROSS BARS,ATT BED	X	
E0947	TRACTION & TRAPEZE EQUIPMENT	FRACTURE FRAME;ATT FOR CMLPX PELV TRACTN	X	
E0948	TRACTION & TRAPEZE EQUIPMENT	FRACTURE FRAME;ATT FOR COMPLEX CERV TRAC	X	
E0950	WHEELCHAIR ACCESSORIES	WHEELCHAIR TRAY, EACH	X	
E0951	WHEELCHAIR ACCESSORIES	HEEL LOOP/HOLDER W/ OR W/O ANKLE STRAP	X	
E0952	WHEELCHAIR ACCESSORIES	TOE LOOP/HOLDER, ANY TYPE, EACH	X	
E0955	WHEELCHAIR ACCESSORIES	W/C HEADREST,CUSHIONED,ANY TYPE,W/HDWR		X
E0956	WHEELCHAIR ACCESSORIES	W/C LAT TRUNK/HIP SPRT,ANY TYPE,W/HDWR		X
E0958	WHEELCHAIR ACCESSORIES	MAN W/C ACSSRY, ONE ARM DRIVE ATTACHMENT	X	
E0959	WHEELCHAIR ACCESSORIES	MAN W/C ACSSRY, AMPUTEE ADAPTER, EACH	X	
E0960	WHEELCHAIR ACCESSORIES	W/C SHOULDER OR CHEST HARNESS/STRAPS, EA	X	
E0961	WHEELCHAIR ACCESSORIES	MAN W/C ACSSRY, BRAKE EXTENSION, EACH	X	
E0966	WHEELCHAIR ACCESSORIES	MAN W/C ACSSRY, HEADREST EXTENSION, EACH		X
E0967	WHEELCHAIR ACCESSORIES	MAN W/C ACSSRY, HAND RIM W/PROJ		X
E0968	WHEELCHAIR ACCESSORIES	COMMODO SEAT FOR A WHEELCHAIR		X
E0970	WHEELCHAIR ACCESSORIES	MAN W/C ACSSRY, NO. 2 FOOTPLATES, NO ELR		X
E0971	WHEELCHAIR ACCESSORIES	MAN W/C ACSSRY, ANTI-TIPPING DEVICE,EA	X	
E0973	WHEELCHAIR ACCESSORIES	W/C ACSSRY, ADJ HT DETACH ARMS, COMPLETE	X	
E0974	WHEELCHAIR ACCESSORIES	MAN W/C ACSSRY, ANTI-ROLLBACK DEVICE, EA	X	
E0978	WHEELCHAIR ACCESSORIES	W/C ACSSRY, POS BELT/SAF BELT/PLVC STRAP	X	
E0978	WHEELCHAIR ACCESSORIES	W/C ACSSRY, POS BELT/SAF BELT/PLVC STRAP	X	
E0980	WHEELCHAIR ACCESSORIES	W/C ACSSRY, SAFETY VEST	X	

**SCOPE OF WORK**  
**APRIA HEALTHCARE, INC.**  
**DME, RESPIRATORY THERAPY, NPWT & ENTERAL THERAPY SERVICES**

HCPC	HCPC Category	HCPC Description	Provided	Not Provided
E0981	WHEELCHAIR ACCESSORIES	W/C SEAT UPHOLSTERY, REPLACEMENT ONLY		X
E0982	WHEELCHAIR ACCESSORIES	W/C BACK UPHOLSTERY, REPLACEMENT ONLY		X
E0983	WHEELCHAIRS	POWER ADD-ON, CONV. MANUAL WC TO PWR JOY		X
E0984	MOTORIZED WHEELCHAIRS	POWER ADD-ON, CONV. MANUAL WC TO POV TILL		X
E0985	WHEELCHAIR ACCESSORIES	W/C ACCESSORY, SEAT LIFT MECHANISM		X
E0986	WHEELCHAIR ACCESSORIES	W/C ACCSRY, PUSH ACTIVATED POWER ASSIST		X
E0990	WHEELCHAIR ACCESSORIES	W/C ACCSRY, ELEVATING LEG REST, EACH	X	
E0992	WHEELCHAIR ACCESSORIES	SOLID SEAT INSERT		X
E0994	WHEELCHAIR ACCESSORIES	ARM REST, EACH		X
E0995	WHEELCHAIR ACCESSORIES	W/C ACCSRY, CALF REST/PAD, EACH		X
E1010	WHEELCHAIR ACCESSORIES	W/C, ADD TO PWR SEAT, POWER LEG ELEV, PAIR		X
E1011	WHEELCHAIR ACCESSORIES	MODIFICATION PED WHEELCHAIR - WIDTH ADJ		X
E1020	WHEELCHAIR ACCESSORIES	RESIDUAL LIMB SUPPORT SYSTEM FOR WC		X
E1028	WHEELCHAIR ACCESSORIES	WC ASSY RETRACTABLE/RMVBLE MOUNT HRDWRE		X
E1029	WHEELCHAIR ACCESSORIES	W/C ACCSRY, VENTILATOR TRAY, FIXED	X	
E1030	WHEELCHAIR ACCESSORIES	W/C ACCSRY, VENTILATOR TRAY, GIMBALED		X
E1031	WHEELCHAIRS	ROLLABOUT CHAIR, W/CASTORS 5" OR GREATER	X	
E1035	WHEELCHAIRS	MULTI-POSITIONL PT TR SYS, INTEGRATED SEAT		X
E1037	WHEELCHAIRS	TRANSPORT CHAIR, PEDIATRIC SIZE		X
E1038	WHEELCHAIRS	TRANSPORT CHAIR, ADULT SZ UP TO 300LBS	X	
E1039	WHEELCHAIRS	TRANSPORT CHAIR, HD ADULT SZ > 300 LBS	X	
E1050	WHEELCHAIRS	FULLY RECLIN WC; FIXED FULL ARM	X	
E1060	WHEELCHAIRS	FULLY RECLIN WC; DETACH ARM	X	
E1070	WHEELCHAIRS	FULLY RECLIN WHEELCH, DETACH ARM/FOOT	X	
E1083	WHEELCHAIRS	HEMI-WC; FIXED ARM, SWING AWAY LEG	X	
E1084	WHEELCHAIRS	HEMI-WC; DETACH ARM, SWING AWAY LEG	X	
E1085	WHEELCHAIRS	HEMI-WC; FIXED ARM, SWING AWAY FOOT	X	
E1086	WHEELCHAIRS	HEMI-WC; DETACH ARM, SWING AWAY FT	X	
E1087	WHEELCHAIRS	HI-STRENGTH LTWT WC; FIX ARM, DET LEG	X	
E1088	WHEELCHAIRS	HI-STRENGTH LTWT WC; DET ARM, DET LEG	X	
E1089	WHEELCHAIRS	HI-STRENGTH LTWT WC; FIX ARM, DET FT	X	
E1090	WHEELCHAIRS	HI-STRENGTH LTWT WC; DET ARM, DET FT	X	
E1092	WHEELCHAIRS	WIDE HD WC, DET ARM; DET ELEV LEGREST	X	
E1093	WHEELCHAIRS	WIDE HD WC, DET ARM; DET FOOTRESTS	X	
E1100	WHEELCHAIRS	SEMI-RECLIN WC; FIX ARM, DET ELEV LEG	X	
E1110	WHEELCHAIRS	SEMI-RECLIN WC; DET ARM, ELEV LEG	X	
E1130	WHEELCHAIRS	STD WC, FIX ARM, FIXED/DET FOOTREST	X	
E1140	WHEELCHAIRS	WC, DET ARM, DESK/FULL; DET FOOTRESTS	X	
E1150	WHEELCHAIRS	WC, DET ARM, DESK/FULL; DET ELEV FOOT	X	
E1160	WHEELCHAIRS	WC, FIX ARM, DET ELEV LEG RESTS	X	
E1161	WHEELCHAIRS	MANUAL ADULT WHEELCHAIR, W/TILT IN SPACE		X

**SCOPE OF WORK**  
**APRIA HEALTHCARE, INC.**  
**DME, RESPIRATORY THERAPY, NPWT & ENTERAL THERAPY SERVICES**

HCPC	HCPC Category	HCPC Description	Provided	Not Provided
E1170	WHEELCHAIRS	AMPUTEE WC;FIX ARM, DET ELEV LEG	X	
E1171	WHEELCHAIRS	AMPUTEE WC;FIX ARM, DET ELEV LEG	X	
E1172	WHEELCHAIRS	AMPUTEE WC;DET ARM W/O FOOT/LEG RST	X	
E1180	WHEELCHAIRS	AMPUTEE WC;DET ARM, DET FOOTREST	X	
E1190	WHEELCHAIRS	AMPUTEE WC;DET ARM, DET ELEV LEG	X	
E1195	WHEELCHAIRS	HD WC, FIX ARM, DET ELEV LEG REST	X	
E1200	WHEELCHAIRS	AMPUTEE WC, FIX ARM, DETACH FOOTREST	X	
E1226	MOTORIZED WHEELCHAIRS	W/C ACSSRY, MAN FULLY RECLINING BACK, EA		X
E1229	MOTORIZED WHEELCHAIRS	WHEELCHAIR, PED SIZE, NOS		X
E1230	MOTORIZED WHEELCHAIRS	POWER OPER VEH(3/4 WHL NON-HWY)SPECS.		X
E1232	MOTORIZED WHEELCHAIRS	WC FOLDING PED, W/TILT IN SPACE W/SEAT		X
E1233	MOTORIZED WHEELCHAIRS	WC RIGID PED, W/TILT IN SPACE W/O SEAT		X
E1234	MOTORIZED WHEELCHAIRS	WC FOLDING PED, W/TILT IN SPACE W/O SEAT		X
E1235	MOTORIZED WHEELCHAIRS	WC RIGID PED, ADJUSTABLE W/SEATING SYSTM		X
E1236	MOTORIZED WHEELCHAIRS	WC FOLDING PED, ADJUSTABLE W/SEATING SYS		X
E1237	MOTORIZED WHEELCHAIRS	WC RIGID PED, ADJUSTABLE W/O SEATING SYS		X
E1238	MOTORIZED WHEELCHAIRS	WC FOLDING PED, ADJUST W/O SEATING SYSTM		X
E1239	MOTORIZED WHEELCHAIRS	WC POWER, PEDIATRIC SIZE		X
E1240	WHEELCHAIRS	LTWT WC, DET ARM, DET ELEV LEG REST	X	
E1250	WHEELCHAIRS	LTWT WC, FIX ARM, DET FOOTREST	X	
E1260	WHEELCHAIRS	LTWT WC, DET ARM, DET FOOTREST	X	
E1270	WHEELCHAIRS	LTWT WC, FIX ARM, DET ELEV LEG REST	X	
E1280	WHEELCHAIRS	HD WC, DET ARM, ELEV LEG RESTS	X	
E1285	WHEELCHAIRS	HD WC, FIX ARM, DET FOOTREST	X	
E1290	WHEELCHAIRS	HD WC, DET ARM, DET FOOTREST	X	
E1295	WHEELCHAIRS	HD WC, FIX ARM, ELEV LEG REST	X	
E1296	CUSTOM WHEELCHAIRS	SPECIAL WHEELCHAIR;SEAT HT FROM FLOOR		X
E1297	CUSTOM WHEELCHAIRS	SPEC WC;SEAT DEPTH, BY UPHOLSTERY		X
E1298	CUSTOM WHEELCHAIRS	SPEC WC;SEAT DEPTH/WIDTH BY CONSTRUCTION		X
E1300	DURABLE MEDICAL EQUIPMENT	WHIRLPOOL, PORTABLE (OVERTUB TYPE)		X
E1310	DURABLE MEDICAL EQUIPMENT	WHIRLPOOL; NON-PORTABLE (BUILT-IN)		X
E1353	OXYGEN & RESPIRATORY EQUIPMENT	REGULATOR	X	
E1354	OXYGEN & RESPIRATORY EQUIPMENT	OXYGEN ,WHEELED CART ANY TYPE REPLACEMENT	X	
E1355	OXYGEN & RESPIRATORY EQUIPMENT	STAND/RACK	X	
E1356	OXYGEN & RESPIRATORY EQUIPMENT	OXYGEN, BATTERY PACK PORT CONCENTRATOR	X	
E1357	OXYGEN & RESPIRATORY EQUIPMENT	OXYGEN, BATTERY CHARGER PORT CONCENT	X	
E1358	OXYGEN & RESPIRATORY EQUIPMENT	OXYGEN, DC POWER ADAPTER PORT CONCENT	X	
E1372	OXYGEN & RESPIRATORY EQUIPMENT	IMMERSION EXT HEATER FOR NEBULIZER	X	
E1390 *	OXYGEN & RESPIRATORY EQUIPMENT	OXYGEN CONCENTRATOR	X	
E1391 *	OXYGEN & RESPIRATORY EQUIPMENT	OXYGEN CONCENTRATOR, DUAL DELIVERY PORT	X	
E1399	OXYGEN & RESPIRATORY EQUIPMENT	D.M.E. NOT CLASSIFIED	X	

**SCOPE OF WORK**  
**APRIA HEALTHCARE, INC.**  
**DME, RESPIRATORY THERAPY, NPWT & ENTERAL THERAPY SERVICES**

HCPC	HCPC Category	HCPC Description	Provided	Not Provided
E1405	OXYGEN & RESPIRATORY EQUIPMENT	OXY AND WATER VAPOR ENRICHING SYS W/HEAT	X	
E1406	OXYGEN & RESPIRATORY EQUIPMENT	OXY & WATER VAPOR ENRICHING SYS W/O HEAT	X	
E1500 – E1699	DIALYSIS ACCESSORIES	DIALYSIS ACCESSORIES		X
E1700 – E2120	DURABLE MEDICAL EQUIPMENT	DURABLE MEDICAL EQUIPMENT		X
E2000	DURABLE MEDICAL EQUIPMENT	GASTRIC SUCTION PUMP, PORT OR STATIONARY	X	
E2100	DIABETIC SUPPLIES	BLOOD GLUCOSE MONITOR W/VOICE SYNTHESZR		X
E2201 – E2599	WHEELCHAIR ACCESSORIES	WHEELCHAIR ACCESSORIES		X
E2201	WHEELCHAIR ACCESSORIES	MAN W/C ACCSRY, SEAT WIDTH =>20 <24 INCH		X
E2202	WHEELCHAIR ACCESSORIES	MAN W/C ACCSRY, SEAT WIDTH =>24 <27 INCH		X
E2203	WHEELCHAIR ACCESSORIES	MAN W/C ACCSRY, SEAT DEPTH =>20 <22 INCH		X
E2204	WHEELCHAIR ACCESSORIES	MAN W/C ACCSRY, SEAT DEPTH =>22 <25 INCH		X
E2205	WHEELCHAIR ACCESSORIES	MAN W/C ACCSRY, HANDRIM W/O PROJECTIONS		X
E2206	WHEELCHAIR ACCESSORIES	MAN W/C ACCSRY, WHEEL LOCK ASSY, COMPLETE		X
E2207	WHEELCHAIR ACCESSORIES	WHEELCHAIR CRUTCH AND CANE HOLDER, EACH	X	
E2208	WHEELCHAIR ACCESSORIES	WHEELCHAIR CYLINDER TANK CARRIER	X	
E2209	WHEELCHAIR ACCESSORIES	WHEELCHAIR ARM TROUGH, W/WO HAND SUPRT EA	X	
E2210	WHEELCHAIR ACCESSORIES	WHEELCHAIR BEARINGS, ANY TYPE REPLACEMENT		X
E2211	WHEELCHAIR ACCESSORIES	WHEELCHAIR TIRE, PNEUMATIC PROPULSION		X
E2212	WHEELCHAIR ACCESSORIES	WHEELCHAIR TUBE FOR PNEUM PROPULSN TIRE		X
E2220	WHEELCHAIR ACCESSORIES	WHEELCHAIR TIRE, SOLID PROPULSION		X
E2221	WHEELCHAIR ACCESSORIES	WHEELCHAIR TIRE, CASTER SOLID		X
E2226	WHEELCHAIR ACCESSORIES	WHEELCHAIR CASTER FORK, REPLACEMENT EA		X
E2311	WHEELCHAIR ACCESSORIES	PWR W/C ACCSRY, ELECTRONIC CONNECTOR/TWO		X
E2324	WHEELCHAIR ACCESSORIES	PWR W/C ACCSRY, CHIN CUP FOR CHIN CONTRL		X
E2340	WHEELCHAIR ACCESSORIES	PWR W/C ACCSRY, SEAT WIDTH 20-23 INCHES		X
E2341	WHEELCHAIR ACCESSORIES	PWR W/C ACCSRY, SEAT WIDTH 24-27 INCHES		X
E2342	WHEELCHAIR ACCESSORIES	PWR W/C ACCSRY, SEAT DEPTH 20 OR 21 INCH		X
E2343	WHEELCHAIR ACCESSORIES	PWR W/C ACCSRY, SEAT DEPTH 22-25 INCHES		X
E2361	WHEELCHAIR ACCESSORIES	PWR W/C ACCSRY, 22 NF SEAL LEAD BATTERY		X
E2363	WHEELCHAIR ACCESSORIES	W/C ACCSRY, GROUP 24 SEALED LEAD BATTERY		X
E2365	WHEELCHAIR ACCESSORIES	PWR W/C ACCSRY, U-1 SEALED LEAD BATTERY		X
E2366	WHEELCHAIR ACCESSORIES	PWR W/C ACCSRY, BATTERY CHARGER SINGLE M		X
E2367	WHEELCHAIR ACCESSORIES	PWR W/C ACCSRY, BATTERY CHARGER DUAL MODE		X
E2371	WHEELCHAIR ACCESSORIES	PWR W/C ACCSRY, 27 SEALED LD ACID BATTERY		X
E2374	WHEELCHAIR ACCESSORIES	PWR W/C ACCSRY, HDCHIN CNTRL, JOY NO CONTR		X

**SCOPE OF WORK**  
**APRIA HEALTHCARE, INC.**  
**DME, RESPIRATORY THERAPY, NPWT & ENTERAL THERAPY SERVICES**

HCPC	HCPC Category	HCPC Description	Provided	Not Provided
E2377	WHEELCHAIR ACCESSORIES	PWR W/C ACSSRY XPAND CONTROL UPGRADE INT		X
E2382	WHEELCHAIR ACCESSORIES	PWR W/C ACSSRY,TUBE PNEU DRVE WHEEL TIRE		X
E2386	WHEELCHAIR ACCESSORIES	PWR W/C ACSSRY,FOAM FILL DRV WHEEL TIRE		X
E2402	NEGATIVE PRESSURE WOUND THERAPY	NEGATIVE PRESSURE WOUND THERAPY PUMP, EA	X	
E2508	WHEELCHAIR ACCESSORIES	SPEECH GNRTNG DVC,SPELLING PHYS CONTACT		X
E2510	WHEELCHAIR ACCESSORIES	SPEECH GNRTNG DVC,W/MULTI METHOD MSG/ACS		X
E2512	WHEELCHAIR ACCESSORIES	SPEECH GNRTNG DVC ACSY,MOUNTING SYSTEM		X
E2601	WHEELCHAIR ACCESSORIES	GENERAL USE WC SEAT CUSHION WTH <22IN	X	
E2602	WHEELCHAIR ACCESSORIES	GENERAL USE WC SEAT CUSHION WTH >=22IN	X	
E2603	WHEELCHAIR ACCESSORIES	SKIN PROT WC SEAT CUSHION WTH <22IN	X	
E2604	WHEELCHAIR ACCESSORIES	SKIN PROT WC SEAT CUSHION WTH >=22IN	X	
E2605	WHEELCHAIR ACCESSORIES	POSITIONING WC SEAT CUSHION WTH <22IN	X	
E2606	WHEELCHAIR ACCESSORIES	POSITIONING WC SEAT CUSHION WTH >=22IN	X	
E2607	WHEELCHAIR ACCESSORIES	SKIN PROT AND POS WC SEAT CUSH WIDTH <22	X	
E2608	WHEELCHAIR ACCESSORIES	SKIN PROT AND POS WC SEAT CUSH WIDTH>=22	X	
E2609	WHEELCHAIR ACCESSORIES	CUSTOM FABRICATED WC SEAT CUSHION,ANY SZ		X
E2611	WHEELCHAIR ACCESSORIES	GENERAL USE WC BACK CUSHION WIDTH <22IN		X
E2613	WHEELCHAIR ACCESSORIES	POS WC BACK CUSHION, POST, WIDTH <22 IN		X
E2615	WHEELCHAIR ACCESSORIES	POS WC BACK CUSHION, POST-LAT, WIDTH<22		X
E2617	WHEELCHAIR ACCESSORIES	CUSTOM FABRICATED WC BACK CUSHION,ANY SZ		X
E2619	WHEELCHAIR ACCESSORIES	REPLACEMENT COVER FOR WC BACK/CUSHION		X
E2620	WHEELCHAIR ACCESSORIES	POS WC BACK CUSHION, PLANAR, WTH <22IN		X
E8001	WHEELCHAIR ACCESSORIES	GAIT TRAINER,PEDIATRIC,UPRIGHT SUPPORT		X
G0333	RESPIRATORY DRUGS	PHARMACY DISP FEE FOR INHAL DGS 30 DAYS	X	
J0170	RESPIRATORY DRUGS	ADRENALIN, EPINEPHRINE, UP TO 1ML, INJEC		X
J1580	RESPIRATORY DRUGS	INJECT,GERAMYCIN,GENTAMICIN,UP TO 80 MG		X
J2545	RESPIRATORY DRUGS	PENTAMIDINE ISETHIONATE, INH SOL, 300 MG	X	
J7608	RESPIRATORY DRUGS	ACETYLCYSTEINE, INHALATION UD PER GRAM	X	
J7613	RESPIRATORY DRUGS	ALBUTEROL,NON COMP,UNIT DOSE 1MG	X	
J7614	RESPIRATORY DRUGS	LEVALBUTEROL,NON COMP, 0.5MG		X
J7620	RESPIRATORY DRUGS	ALBUTEROL TO 2.5MG &IPRATROPIUM TO 0.5MG	X	
J7626	RESPIRATORY DRUGS	BUDESONIDE,IHL SOL NON COMP UD TO 0.5MG	X	
J7628	RESPIRATORY DRUGS	BITOLTEROL MESYLATE,COMP CONCENT PER MG		X
J7629	RESPIRATORY DRUGS	BITOLTEROL MESYLATE,COMP UD PER MG		X
J7631	RESPIRATORY DRUGS	CROMOLYN SODIUM, UNIT DOSE PER 10 MG	X	
J7635	RESPIRATORY DRUGS	ATROPINE,COMPOUNDED CONCENTRATED PER MG		X
J7636	RESPIRATORY DRUGS	ATROPINE,COMPOUNDED UD FORM PER MG		X



**SCOPE OF WORK**  
**APRIA HEALTHCARE, INC.**  
**DME, RESPIRATORY THERAPY, NPWT & ENTERAL THERAPY SERVICES**

HCPC	HCPC Category	HCPC Description	Provided	Not Provided
J7637	RESPIRATORY DRUGS	DEXAMETHASONE, COMPOUNDED CONC PER MG		X
J7638	RESPIRATORY DRUGS	DEXAMETHASONE, COMPOUNDED UD FORM PER MG		X
J7639	RESPIRATORY DRUGS	DORNASE ALPHA, UNIT DOSE PER MG	X	
J7642	RESPIRATORY DRUGS	GLYCOPYRROLATE, COMPOUNDED CONC PER MG		X
J7644	RESPIRATORY DRUGS	IPRATROPIUM BROMIDE, NON COMPOUND UD MG	X	
J7649	RESPIRATORY DRUGS	ISOETHARINE HCL, NON COMPOUNDED UD PER MG		X
J7669	RESPIRATORY DRUGS	METAPROTERENOL SULFATE, NON COMP UD 10MGS	X	
J7681	RESPIRATORY DRUGS	TERBUTALINE SULFATE, COMP UD PER MG		X
J7682	RESPIRATORY DRUGS	TOBRAMYCIN, NON COMP UD PER 300 MGS	X	
J7683	RESPIRATORY DRUGS	TRIAMCINOLONE, COMPOUNDED CONC PER MG		X
J7684	RESPIRATORY DRUGS	TRIAMCINOLONE, COMP UNIT DOSE PER MG		X
J7699	RESPIRATORY DRUGS	NOC DRUGS INHALATION SOLUTION ADMIN DME		X
K0001	WHEELCHAIRS	STD WHEELCHAIR	X	
K0002	WHEELCHAIRS	STD HEMI (LOW SEAT) WHEELCHAIR	X	
K0003	WHEELCHAIRS	LTWT WHEELCHAIR	X	
K0004	WHEELCHAIRS	HS, LTWT WHEELCHAIR	X	
K0005	WHEELCHAIRS	ULTRALTWT WHEELCHAIR	X	
K0006	WHEELCHAIRS	HD WHEELCHAIR	X	
K0007	WHEELCHAIRS	EXTRA HD WHEELCHAIR	X	
K0009	WHEELCHAIRS	OTHER MAN WHEELCHAIR/BASE		X
K0010	MOTORIZED WHEELCHAIRS & WHEELCHAIR ACCESSORIES	STD WT FRAME MTR/PWR WHEELCHAIR		X
K0011	MOTORIZED WHEELCHAIRS & WHEELCHAIR ACCESSORIES	STD WT FRAME MTR/PWR W/C W/PROG CTL		X
K0015	MOTORIZED WHEELCHAIRS & WHEELCHAIR ACCESSORIES	DET, NON-ADJ HT ARMREST, EA		X
K0017	MOTORIZED WHEELCHAIRS & WHEELCHAIR ACCESSORIES	DET, ADJ HT ARMREST; BASE, EA		X
K0018	MOTORIZED WHEELCHAIRS & WHEELCHAIR ACCESSORIES	DET, ADJ HT ARMREST; UPPER PORTION, EA		X
K0019	MOTORIZED WHEELCHAIRS & WHEELCHAIR ACCESSORIES	ARM PAD, EA		X
K0038	MOTORIZED WHEELCHAIRS & WHEELCHAIR ACCESSORIES	LEG STRAP, EA		X
K0039	MOTORIZED WHEELCHAIRS & WHEELCHAIR ACCESSORIES	LEG STRAP, H STYLE, EA		X
K0042	MOTORIZED WHEELCHAIRS & WHEELCHAIR ACCESSORIES	STD SIZE FOOTPLATE, EA		X
K0045	MOTORIZED WHEELCHAIRS & WHEELCHAIR ACCESSORIES	FOOTREST, COMPLETE ASSEMBLY		X
K0052	MOTORIZED WHEELCHAIRS & WHEELCHAIR ACCESSORIES	SWINGAWAY, DETACH FOOTRESTS, EA		X
K0065	MOTORIZED WHEELCHAIRS & WHEELCHAIR ACCESSORIES	SPOKE PROTECTORS		X

**SCOPE OF WORK**  
**APRIA HEALTHCARE, INC.**  
**DME, RESPIRATORY THERAPY, NPWT & ENTERAL THERAPY SERVICES**

HCPC	HCPC Category	HCPC Description	Provided	Not Provided
K0069	MOTORIZED WHEELCHAIRS & WHEELCHAIR ACCESSORIES	REAR WHEEL ASSY,COMP;W/SLD TIRE.SP/M,EA		X
K0070	MOTORIZED WHEELCHAIRS & WHEELCHAIR ACCESSORIES	REAR WHEEL ASSY,COMP;W/PNEU TIR,SP/M,EA		X
K0071	MOTORIZED WHEELCHAIRS & WHEELCHAIR ACCESSORIES	FRONT CASTER ASSY,COMP;W/PNEU TIR,EA		X
K0072	MOTORIZED WHEELCHAIRS & WHEELCHAIR ACCESSORIES	FRONT CASTER ASSY,COMP;W/S-PNEU TIRE,EA		X
K0077	MOTORIZED WHEELCHAIRS & WHEELCHAIR ACCESSORIES	FRONT CASTER ASSY,COMP,W/SOL TIRE,EA		X
K0105	MOTORIZED WHEELCHAIRS & WHEELCHAIR ACCESSORIES	IV HANGER,EA	X	
K0108	MOTORIZED WHEELCHAIRS & WHEELCHAIR ACCESSORIES	WC COMPONENT/ACCESSORY,NOT OTHERWISE SPEC	X	
K0195	WHEELCHAIR ACCESSORIES	ELEVATING LEG RESTS, PAIR	X	
K0415 – K0669	MISCELLANEOUS	MISCELLANEOUS		X
K0462	WHEELCHAIR ACCESSORIES	TEMPORARY REPLACEMENT FOR PT OWNED EQPMT		X
K0669	WHEELCHAIR ACCESSORIES	WC SEAT/BACK CUSHION,NO CODE BY SADMERC	X	
K0733	WHEELCHAIR ACCESSORIES	PWR W/C ACSSRY,12-24 AMP HR LEAD BATTERY		X
K0734	WHEELCHAIR ACCESSORIES	SKIN PROT WC SEAT CUSH WIDTH <22,ADJ	X	
K0735	WHEELCHAIR ACCESSORIES	SKIN PROT WC SEAT CUSH WIDTH >22IN ADJ	X	
K0736	WHEELCHAIR ACCESSORIES	SKIN PROT AND POS WC SEAT CUSH WIDTH <22	X	
K0737	WHEELCHAIR ACCESSORIES	SKIN PROT AND POS WC SEAT CUSH WIDTH >22	X	
K0738 *	OXYGEN & RESPIRATORY EQUIPMENT	PORT GAS O2 SYS,RENTAL;HOME COMPRESSOR	X	
K0739	DURABLE MEDICAL EQUIPMENT	REPAIR/SVC DME NON-OXYGEN EQUIPMENT/15M	X	
K0740	OXYGEN & RESPIRATORY EQUIPMENT	REPAIR/SVC OXYGEN EQUIPMENT/15M	X	
K0800	MOTORIZED WHEELCHAIRS & WHEELCHAIR ACCESSORIES	POWER OPER VEH,GRP 1,STD WEIGHT 300LBS		X
K0801	MOTORIZED WHEELCHAIRS & WHEELCHAIR ACCESSORIES	POWER OPER VEH,GRP 1,HD 301 TO 450LBS		X
K0802	MOTORIZED WHEELCHAIRS & WHEELCHAIR ACCESSORIES	POWER OPER VEH,GRP 1,VHD 451 TO 600LBS		X
K0806	MOTORIZED WHEELCHAIRS & WHEELCHAIR ACCESSORIES	POWER OPER VEH,GRP 2,STD WEIGHT 300LB		X
K0807	MOTORIZED WHEELCHAIRS & WHEELCHAIR ACCESSORIES	POWER OPER VEH,GRP 2,HD 301 TO 450LBS		X
K0808	MOTORIZED WHEELCHAIRS & WHEELCHAIR ACCESSORIES	POWER OPER VEH,GRP 2,VHD 451 TO 600LBS		X
K0812	MOTORIZED WHEELCHAIRS & WHEELCHAIR ACCESSORIES	POWER OPER VEH,NOT OTHERWISE CLASSIFIED		X
K0813	MOTORIZED WHEELCHAIRS & WHEELCHAIR ACCESSORIES	PWR WCHR,GRP 1,STD,PORT,SEAT/BACK 300LBS		X
K0814	MOTORIZED WHEELCHAIRS & WHEELCHAIR ACCESSORIES	PWR WCHR,GRP 1,STD,PORT,CAP CHR 300LBS		X
K0815	MOTORIZED WHEELCHAIRS & WHEELCHAIR ACCESSORIES	PWR WCHR,GRP 1,STD,SLD SEAT/BACK 300LBS		X
K0816	MOTORIZED WHEELCHAIRS & WHEELCHAIR ACCESSORIES	PWR WCHR,GRP 1,STD,CAP CHR TO 300LBS		X

**SCOPE OF WORK**  
**APRIA HEALTHCARE, INC.**  
**DME, RESPIRATORY THERAPY, NPWT & ENTERAL THERAPY SERVICES**

HCPC	HCPC Category	HCPC Description	Provided	Not Provided
K0820	MOTORIZED WHEELCHAIRS & WHEELCHAIR ACCESSORIES	PWR WCHR,GRP 2,STD,PORT,SEAT/BACK 300LBS		X
K0821	MOTORIZED WHEELCHAIRS & WHEELCHAIR ACCESSORIES	PWR WCHR,GRP 2,STD,PORT,CAP CHR 300LBS		X
K0822	MOTORIZED WHEELCHAIRS & WHEELCHAIR ACCESSORIES	PWR WCHR,GRP 2,STD,SLD SEAT/BACK 300LBS		X
K0823	MOTORIZED WHEELCHAIRS & WHEELCHAIR ACCESSORIES	PWR WCHR,GRP 2,STD,CAP CHR TO 300LBS		X
K0824	MOTORIZED WHEELCHAIRS & WHEELCHAIR ACCESSORIES	PWR WCHR,GRP 2,HD,SLD SEAT/BACK 301-450		X
K0825	MOTORIZED WHEELCHAIRS & WHEELCHAIR ACCESSORIES	PWR WCHR,GRP 2,HD,CAP CHR 301-450 LBS		X
K0826	MOTORIZED WHEELCHAIRS & WHEELCHAIR ACCESSORIES	PWR WCHR,GRP 2,VHD,SLD SEAT/BACK 451-600		X
K0827	MOTORIZED WHEELCHAIRS & WHEELCHAIR ACCESSORIES	PWR WCHR,GRP 2,VHD,CAP CHR TO 451-600LBS		X
K0828	MOTORIZED WHEELCHAIRS & WHEELCHAIR ACCESSORIES	PWR WCHR,GRP 2,XHD,SLD SEAT/BACK 601LB+		X
K0830	MOTORIZED WHEELCHAIRS & WHEELCHAIR ACCESSORIES	PWR WCHR,GRP 2,STD,SEAT ELEVATE S/B 300		X
K0831	MOTORIZED WHEELCHAIRS & WHEELCHAIR ACCESSORIES	PWR WCHR,GRP 2,STD,SEAT ELEVATE CAP 300		X
K0848	MOTORIZED WHEELCHAIRS & WHEELCHAIR ACCESSORIES	PWR WHCR,GRP 3,STD,SEAT/BACK TO 300LBS		X
K0849	MOTORIZED WHEELCHAIRS & WHEELCHAIR ACCESSORIES	PWR WHCR,GRP 3,STD,CAPT CHAIR TO 300LBS		X
K0850	MOTORIZED WHEELCHAIRS & WHEELCHAIR ACCESSORIES	PWR WHCR,GRP 3,HD,SEAT/BACK 301-450LBS		X
K0851	MOTORIZED WHEELCHAIRS & WHEELCHAIR ACCESSORIES	PWR WHCR,GRP 3,HD,CAPT CHAIR 301-450LBS		X
K0852	MOTORIZED WHEELCHAIRS & WHEELCHAIR ACCESSORIES	PWR WHCR,GRP 3,VHD,SEAT/BACK 451-600LBS		X
K0853	MOTORIZED WHEELCHAIRS & WHEELCHAIR ACCESSORIES	PWR WHCR,GRP 3,VHD,CAPT CHAIR 451-600LBS		X
K0854	MOTORIZED WHEELCHAIRS & WHEELCHAIR ACCESSORIES	PWR WHCR,GRP 3,XHD,SEAT/BACK 601LBS+		X
K0855	MOTORIZED WHEELCHAIRS & WHEELCHAIR ACCESSORIES	PWR WHCR,GRP 3,XHD,CAPT CHAIR 601LBS+		X
K0856	MOTORIZED WHEELCHAIRS & WHEELCHAIR ACCESSORIES	PWR WHCR,GRP 3,STD,SING POW OPT S/B 300		X
K0898	MOTORIZED WHEELCHAIRS & WHEELCHAIR ACCESSORIES	POWER WHCR,NOT OTHERWISE CLASSIFIED		X
K0899	MOTORIZED WHEELCHAIRS & WHEELCHAIR ACCESSORIES	POWER MOBILITY DEV,NOT CODED BY SADMERC		X
L0100 – L9900	ORTHOTICS & PROSTHETICS	ORTHOTICS & PROSTHETICS		X
L0120	ORTHOTICS & PROSTHETICS	CERV,FLEXIBLE;NON-ADJUSTBLE COLLAR FOAM		X
L0172	ORTHOTICS & PROSTHETICS	CERV COLLAR;SEMI-RIGID,THERMOPLSTC FOAM		X
L0625	ORTHOTICS & PROSTHETICS	LUMBAR ORTHOSIS,FLEX,POSTERIOR,PREFAB		X
L0630	ORTHOTICS & PROSTHETICS	LSO,RIGID,POSTERIOR,PREFAB		X
L0633	ORTHOTICS & PROSTHETICS	LSO,RIGID,POSTERIOR,PREFAB		X
L0637	ORTHOTICS & PROSTHETICS	LSO,RIGID,POS/ANT,PREFAB		X

**SCOPE OF WORK**  
**APRIA HEALTHCARE, INC.**  
**DME, RESPIRATORY THERAPY, NPWT & ENTERAL THERAPY SERVICES**

HCPC	HCPC Category	HCPC Description	Provided	Not Provided
L0974	ORTHOTICS & PROSTHETICS	TLISO, FULL CORSET		X
L1499	ORTHOTICS & PROSTHETICS	SPINAL ORTHOSIS, NOS		X
L1810	ORTHOTICS & PROSTHETICS	KO;ELASTIC WITH JOINTS,PREFAB,W/FIT/ADJS		X
L1820	ORTHOTICS & PROSTHETICS	KO;ELASTIC W/CONDYLAR PADS AND JOINTS		X
L1830	ORTHOTICS & PROSTHETICS	KO;IMMOBILIZER,CANVAS LONGITUDINAL,PREFB		X
L1831	ORTHOTICS & PROSTHETICS	KNE ORTHOSIS, LOCKING JOINT, PREFAB		X
L1832	ORTHOTICS & PROSTHETICS	KO;ADJSTBL KNEE JTS POSTN ORTHOSIS,RIGID		X
L1845	ORTHOTICS & PROSTHETICS	KO;DOUBLE UPRIGHT,THIGH/CALF, W/ADJ FLEX		X
L1902	ORTHOTICS & PROSTHETICS	AFO;ANKLE GAUNTLET,PREFAB,W/FITNG/ADJST		X
L1906	ORTHOTICS & PROSTHETICS	AFO;MULTILIGAMENTUS ANKLE SUPPORT,PREFAB		X
L1930	ORTHOTICS & PROSTHETICS	AFO,PLASTIC OR OTHER MATERIAL,PREFAB		X
L2425	ORTHOTICS & PROSTHETICS	ADD KNEEJNT;DISC/DIAL LOCK,ADJKNEFLEX		X
L2795	ORTHOTICS & PROSTHETICS	ADDLOWEXT ORTH;KNEE CNTRL,FULL KNEECAP		X
L2999	ORTHOTICS & PROSTHETICS	LOWER EXTREMITY ORTHOSIS, NOS		X
L3260	ORTHOTICS & PROSTHETICS	AMBULATORY SURGICAL BOOT EA		X
L3660	ORTHOTICS & PROSTHETICS	SO;FIGURE 8 DESIGN ABDUCTION RESTRAINER		X
L3670	ORTHOTICS & PROSTHETICS	SO; ACROMIO/CLAVICULAR,PREFAB,FIT/ADJST		X
L3807	ORTHOTICS & PROSTHETICS	WHFO; EXTENS ASSIST W/INFL PALMER AIR SU		X
L3908	ORTHOTICS & PROSTHETICS	WHFO, WRIST EXTENSION NON MOLDED		X
L3915	ORTHOTICS & PROSTHETICS	WHFO;>1 NONTORSION JOINTS,TURNBUCKLES		X
L3923	ORTHOTICS & PROSTHETICS	HFO,W/OUT JTS,PREFAB,FITTING/ADJSTMT,ANY		X
L3929	ORTHOTICS & PROSTHETICS	HFO,FINGER INC NONTORSION JOINT(S),TBUCK		X
L3931	ORTHOTICS & PROSTHETICS	WHFO, FINGER ORTH. INC NONTORSION JOINTS		X
L3962	ORTHOTICS & PROSTHETICS	SEWHO;ABDUCTION POSITIONING,ERBS PASLEY		X
L3964	ORTHOTICS & PROSTHETICS	SEO, W/C MOB. ARM SUPPORT, BALANCED, ADJ		X
L3999	ORTHOTICS & PROSTHETICS	UPPER LIMB ORTHOSIS, NOS		X
L4350	ORTHOTICS & PROSTHETICS	ANKLE CONTROL ORTHOSIS, STIRRUP, RIGID		X
L4360	ORTHOTICS & PROSTHETICS	PNEUMATIC WALKING SPLINT E.G. AIRCAST		X
L4386	ORTHOTICS & PROSTHETICS	WALKING BOOT, NONPNEUMATIC, PREFAB		X
L4396	ORTHOTICS & PROSTHETICS	STATIC AFO, INCLDING SOFT INTERFACE MATE		X
L4398	ORTHOTICS & PROSTHETICS	FOOT DROP SPLINT, RECUMBENT POSITION DEV		X
L7900	ORTHOTICS & PROSTHETICS	VACUUM ERECTION SYSTEM	X	
L8000	ORTHOTICS & PROSTHETICS	BREAST PROSTHESIS; MASTECTOMY BRA		X
L8001	ORTHOTICS & PROSTHETICS	BREAST PROSTHESIS, MAST.BRA UNILAT W/BRE		X
L8010	ORTHOTICS & PROSTHETICS	BREAST PROSTHESIS, MASTECTOMY SLEEVE		X
L8015	ORTHOTICS & PROSTHETICS	EXT BREAST PROST GARMENT,POST MASTECTOMY		X
L8020	ORTHOTICS & PROSTHETICS	BREAST PROSTHESIS; MASTECTOMY FORM		X
L8030	ORTHOTICS & PROSTHETICS	BREAST PROSTHESIS; SILICONE OR =		X
L8031	ORTHOTICS & PROSTHETICS	BREAST PROSTHESIS, SILICONE, ADHESIVE		X
L8300	ORTHOTICS & PROSTHETICS	TRUSS; SINGLE W/STANDARD PAD		X
L8310	ORTHOTICS & PROSTHETICS	TRUSS; DOUBLE WITH STANDARD PADS		X

**SCOPE OF WORK**  
**APRIA HEALTHCARE, INC.**  
**DME, RESPIRATORY THERAPY, NPWT & ENTERAL THERAPY SERVICES**

HCPC	HCPC Category	HCPC Description	Provided	Not Provided
L8320	ORTHOTICS & PROSTHETICS	TRUSS; ADDITION TO STD PAD, WATER PAD		X
L8460	ORTHOTICS & PROSTHETICS	PROSTHETIC SHRINKER; ABOVE KNEE, EACH		X
L8499	ORTHOTICS & PROSTHETICS	UNLISTED PROC. FOR MISC. PROSTHETIC DEV.		X
L8500	ORTHOTICS & PROSTHETICS	ARTIFICAL LARYNX, ANY TYPE		X
L8501	ORTHOTICS & PROSTHETICS	TRACHEOSTOMY SPEAKING VALVE		X
L8507	ORTHOTICS & PROSTHETICS	T-E VOICE PROSTHESIS, PATIENT INSERTION		X
L8509	ORTHOTICS & PROSTHETICS	T-E VOICE PROSTHESIS, INSERT BY HEALTHCR		X
L8510	ORTHOTICS & PROSTHETICS	VOICE AMPLIFIER		X
L8511	ORTHOTICS & PROSTHETICS	TRACH-ESO PROSTH INDWELLING INSERT		X
L8513	ORTHOTICS & PROSTHETICS	TRACH-ESO PROSTH CLEANING DEVICE		X
L8514	ORTHOTICS & PROSTHETICS	TRACH-ESO PUNCTURE DILATOR, REPLACEMENT		X
L9900	ORTHOTICS & PROSTHETICS	ORTHOTIC & PROSTHETIC SUPPLY, COMPONENT		X
Q0505	SUPPLIES	VENTRICULAR ASSIST DEVICE,MISC SUPPLY		X
S1015	INFUSION PUMPS & SUPPLIES	IV TUBING EXTENSION SET	X	
S8097	OXYGEN & RESPIRATORY SUPPLIES	ASTHMA KIT (INCLUDES PEAK FLOW METER)	X	
S8100	OXYGEN & RESPIRATORY SUPPLIES	HOLDING CHAMBER OR SPACER W/O MASK		X
S8101	OXYGEN & RESPIRATORY SUPPLIES	HOLDING CHAMBER OR SPACER WITH MASK		X
S8120	OXYGEN & RESPIRATORY SUPPLIES	O2 CONTENTS, GASEOUS 1 UNIT = 1 CUBIC FT	X	
S8121	OXYGEN & RESPIRATORY SUPPLIES	O2 CONTENTS, LIQUID, 1 UNIT = 1 POUND	X	
S8185	OXYGEN & RESPIRATORY SUPPLIES	FLUTTER DEVICE		X
S8186	OXYGEN & RESPIRATORY SUPPLIES	SWIVEL ADAPTER	X	
S8189	OXYGEN & RESPIRATORY SUPPLIES	TRACHEOSTOMY SUPPLY, NOC		X
S8190 – S8490	DURABLE MEDICAL EQUIPMENT	DURABLE MEDICAL EQUIPMENT		X
S8210	DURABLE MEDICAL EQUIPMENT	MUCUS TRAP		X
S8422	DURABLE MEDICAL EQUIPMENT	GRAD PRESSURE AID;SLEEVE, CUST,MEDIUM WT		X
S8423	DURABLE MEDICAL EQUIPMENT	GRAD PRESSURE AID;SLEEVE, CUST HEAVY WT		X
S8424	DURABLE MEDICAL EQUIPMENT	GRAD PRESSURE AID; SLEEVE, READY MADE		X
S8425	DURABLE MEDICAL EQUIPMENT	GRAD PRESSURE AID, GLOVE, CUST MEDIUM WT		X
S8426	DURABLE MEDICAL EQUIPMENT	GRAD PRESSURE AID; GLOVE, CUST HEAVY WT		X
S8427	DURABLE MEDICAL EQUIPMENT	GRAD PRESSURE AID; GLOVE, READY MADE		X
S8428	DURABLE MEDICAL EQUIPMENT	GRAD PRESSURE AID; GAUNTLET, READY MADE		X
S8490	DIABETIC SUPPLIES	INSULIN SYRINGES (100 SYRINGES,ANY SIZE)		X
S8999	OXYGEN & RESPIRATORY SUPPLIES	RESUSCITATION BAG	X	
S9340	ENTERAL NUTRITION	ENTERAL HOME THERAPY, ADMIN SERVICE PD	X	
S9341	ENTERAL NUTRITION	ENTERAL HOME THERAPY, ADMIN SERVICE,GRAY	X	
S9342	ENTERAL NUTRITION	ENTERAL HOME THERAPY,ADMIN SERVICE, PUMP	X	
S9343	ENTERAL NUTRITION	ENTERAL HOME THERAPY,ADMIN SERVICE,BOLUS	X	
S9381	MISCELLANEOUS	DELIVERY/HIGH RISK AREA REQUIRING ESCORT	X	
S9441	MISCELLANEOUS	ASTHMA EDUCATION, NON-PHYSICIAN PROVIDER		X

**SCOPE OF WORK**  
**APRIA HEALTHCARE, INC.**  
**DME, RESPIRATORY THERAPY, NPWT & ENTERAL THERAPY SERVICES**

HCPC	HCPC Category	HCPC Description	Provided	Not Provided
S9445	MISCELLANEOUS	PATIENT EDUCATION,NOC,NON-PHYSICIAN PROV		X
S9470	ENTERAL NUTRITION	NUTRITIONAL COUSELING, DIETITIAN VISIT	X	
T4521	INCONTINENCE SUPPLIES	ADULT BRIEF/DIAPER, SMALL, EACH		X
T4522	INCONTINENCE SUPPLIES	ADULT BRIEF/DIAPER, MEDIUM, EACH		X
T4523	INCONTINENCE SUPPLIES	ADULT BRIEF/DIAPER, LARGE, EACH		X
T4524	INCONTINENCE SUPPLIES	ADULT BRIEF/DIAPER, EXTRA LARGE, EACH		X
T4525	INCONTINENCE SUPPLIES	ADULT PROTECTIVE UNDERWEAR/PULLON, SMALL		X
T4526	INCONTINENCE SUPPLIES	ADULT PROTECTIVE UNDERWEAR/PULLON, MED		X
T4527	INCONTINENCE SUPPLIES	ADULT PROTECTIVE UNDERWEAR/PULLON, LRGE		X
T4528	INCONTINENCE SUPPLIES	ADULT PROTECTIVE UNDERWEAR/PULLON,X-LRGE		X
T4529	INCONTINENCE SUPPLIES	PED BRIEF/DIAPER, SMALL/MEDIUM,EACH		X
T4530	INCONTINENCE SUPPLIES	PED BRIEF/DIAPER, LARGE, EACH		X
T4533	INCONTINENCE SUPPLIES	YOUTH BRIEF/DIAPER, EACH		X
T4534	INCONTINENCE SUPPLIES	YOUTH PROTECTIVE UNDERWEAR/PULLON, EACH		X
T4535	INCONTINENCE SUPPLIES	DISP LINER/SHIELD/GUARD/PAD/UNDERGARMENT		X
T4537	INCONTINENCE SUPPLIES	PROTECTIVE UNDERPAD, REUSABLE, BED SIZE		X
T4539	INCONTINENCE SUPPLIES	DIAPER/BRIEF, REUSABLE, ANY SIZE, EACH		X
T4541	INCONTINENCE SUPPLIES	DISPOSABLE UNDERPAD, LARGE, EACH		X
* Rental items only				

**SCOPE OF WORK  
APRIA HEALTHCARE, INC.  
INFUSION THERAPY SERVICES**

Description	Procedure Code	
<b>Discontinue Infusion Services</b>		
Elastomeric (e.g.: Home Pump, Ready Med, Eclipse)	A4305, A4306	
<b>Anti-Infective Therapy: antibiotics, antimicrobial, antifungal, antiviral</b>		
All Drugs: Drugs	NDC	
<b>Per Diem Rates</b>		
All Frequencies (not otherwise classified)	S9494	
Q 24 hours	S9500	
Q 12 Hours	S9501	
Q 8 Hours	S9502	
Q 6 Hours	S9503	
Q 4 Hours	S9504	
Q 3 Hours	S9497	
<i>Included in the per diem rates for Anti-Infective therapy: Administrative services, professional pharmacy services (Diluents, Solution, Heparin, Saline, Sterile Water, etc.), care coordination, all necessary supplies and equipment (drugs and nursing visits coded separately).</i>		
<b>Total Parenteral Nutrition (TPN)</b>		
Standard TPN includes: Non-specialty amino acids (e.g., Aminosyn, Free Amine, Travasol)		
Concentrated Dextrose, sterile water, standard electrolytes, standard multi-trace elements and standard multivitamin solutions.		
All Volumes (not otherwise classified)	S9364	
Standard TPN 0-1000ml	S9365	
Standard TPN 1001-2000ml	S9366	
Standard TPN 2001-3000ml	S9367	
Standard TPN > 3001ml	S9368	
Not included in the TPN per diem are the following items to be coded separately:		
All Drugs Not Part of a Standard TPN Formula	NDC	
Specialty amino acids (e.g., Aminess, Aminosyn-RF, NephroAmine, RenAmin, HepatAmine, Aminosyn-HBC, Trophamine, Aminosyn 15%, Novamine 15% and Clinisol 15%)	NDC or B5000	
Lipids (e.g., Intralipid, Liposyn) 10%, 20% & 30%	NDC	
Added trace elements not from a standard multi-trace element solution (e.g., chromium, copper, iodine, manganese, selenium and zinc)	NDC	
Added vitamins not from a standard multivitamin solution (e.g., folic acid, vitamin C, Vitamin K)	NDC	
Products serving non-nutritional purposes (e.g., heparin, insulin, iron dextran, Pepcid, Standostatin, Zofran)	NDC	
Depending on stability and practice, some of the products in the list above are compounded into the TPN in the pharmacy, while others are dispensed separately for injection into the TPN when it is hung.		
<i>Included in the per diem rates for TPN, all additives common to standard TPN formulation, Administrative services, professional pharmacy services, care coordination, manual finger stick blood sugar monitoring supplies, all necessary supplies and equipment (drugs and nursing visits coded separately). All other additives will be billed at the above AWP rate. Electronic blood sugar monitoring devices are available at extra charge.</i>		
<b>Pain Management</b>		
All Drugs: Drugs, Diluents, Solution, Heparin, Saline, Sterile Water, etc.	NDC	
All Routes of Administration (not otherwise classified)	S9325	
Continuous	S9326	

**SCOPE OF WORK  
APRIA HEALTHCARE, INC.  
INFUSION THERAPY SERVICES**

Description	Procedure Code	
Intermittent	S9327	
Implanted Pump (applies to every day on service)	S9328	
<i>Included in the per diem rate for Pain Management: Administrative services, professional pharmacy services, care coordination, all necessary supplies and equipment (drugs and nursing visits coded separately).</i>		
<b>Intravenous Hydration Therapy</b>		
Standard hydration therapy		
All Volumes (not otherwise classified)	S9373	
0-1000ml	S9374	
1001-2000ml	S9375	
2001-3000ml	S9376	
> 3001ml	S9377	
All Drugs: Drugs, Diluents, Solution, Heparin, Saline, Sterile Water, Additional Drugs (e.g., electrolytes, vitamins, heparin, insulin, Iron Dextran, Pepcid & Zofran), etc.	NDC	
<i>Included in the per diem rate for Hydration therapy: Administrative services, professional pharmacy services (Diluents, Solution, Heparin, Saline, Sterile Water, etc), care coordination, all necessary supplies and equipment (drugs and nursing visits coded separately).</i>		
<b>Chemotherapy</b>		
All Drugs: Drugs, Diluents, Solution, Heparin, Saline, Sterile Water, etc.	NDC	
All Routes of Administration (not otherwise classified)	S9329	
Continuous	S9330	
Intermittent	S9331	
<i>Included in the per diem rate for Chemotherapy: Administrative services, professional pharmacy services, care coordination, all necessary supplies and equipment (drugs and nursing visits coded separately).</i>		
<b>Immunomodulating Agents (IVIG)</b>		
All Drugs	NDC	
IVIG and Steroid Infusions	S9338	
<i>Included in the per diem rate for IVIG: Administrative services, professional pharmacy services (Diluents, Solution, Heparin, Saline, Sterile Water, etc), care coordination, all necessary supplies and equipment (drugs and nursing visits coded separately).</i>		
<b>Inotropic Therapy (Dobutamine, Inotop, Renin)</b>		
All Drugs	NDC	
Per Diem Rates	S9348	
<i>Included in the per diem rate for Inotropic therapy: Administrative services, professional pharmacy services (Diluents, Solution, Heparin, Saline, Sterile Water, etc.), care coordination, all necessary supplies and equipment (drugs and nursing visits coded separately).</i>		
<b>Anti-Tumor Necrosis Factor-Alpha (Remicade)</b>		
All Drugs	NDC	
Per Diem Rates	S9359	
<i>Included in the per diem rate for Anti-Tumor Necrosis Factor therapy: Administrative services, professional pharmacy services (Diluents, Solution, Heparin, Saline, Sterile Water, etc.), care coordination, all necessary supplies and equipment (drugs and nursing visits coded separately).</i>		
<b>Imiglucerase (Cerezyme)</b>		
All Drugs	NDC	
Per Diem Rates	S9357	
<i>Included in the per diem rate for Imiglucerase therapy: Administrative services, professional pharmacy services (Diluents, Solution, Heparin, Saline, Sterile Water, etc.), care coordination, all necessary supplies and equipment (drugs and nursing visits coded separately).</i>		
<b>Alpha-1-Proteinase Inhibitor (Pralastin)</b>		



**SCOPE OF WORK  
APRIA HEALTHCARE, INC.  
INFUSION THERAPY SERVICES**

Description		Procedure Code
All Drugs	NDC	
Per Diem Rates	S9346	
<i>Included in the per diem rate for Alpha-1 Protinase Inhibitor therapy: Administrative services, professional pharmacy services (Diluents, Solution, Heparin, Saline, Sterile Water, etc.), care coordination, all necessary supplies and equipment (drugs and nursing visits coded separately). Note: This drug is dispensed to the patient or to the pharmacy directly from Bayer. The drug is not available to be purchased and resold by Crescent at this time.</i>		
<b>Anti-hepatitis Therapy</b>		
All Drugs	NDC	
Per Diem Rates	S9345	
<i>Included in the per unit charge for Factor products: Administrative services, professional pharmacy services (including Diluents, Solution, Heparin, Saline, Sterile Water, etc) , care coordination, all necessary supplies and equipment (drugs and nursing visits coded separately).</i>		
<b>Aerosolized Medications</b>		
All Drugs	NDC	
Per Diem Rates	S9061	
<i>Included in the per diem rate for Aerosolized Medications: Administrative services, professional pharmacy services (including Diluents, Solution, Heparin, Saline, Sterile Water, etc) , care coordination, all necessary supplies and equipment (drugs and nursing visits coded separately). This rate does not include respiratory medications.</i>		
<b>Anti-spasmodic Therapy</b>		
All Drugs	NDC	
	S9363	
<i>Included in the per diem rate for Anti-spasmodic therapy: Administrative services, professional pharmacy services (including Diluents, Solution, Heparin, Saline, Sterile Water, etc) , care coordination, all necessary supplies and equipment (drugs and nursing visits coded separately).</i>		
<b>Chelation Therapy (Desferal)</b>		
All Drugs	NDC	
Per Diem Rates	S9355	
<i>Included in the per diem rate for Chelation therapy: Administrative services, professional pharmacy services (including Diluents, Solution, Heparin, Saline, Sterile Water, etc) , care coordination, all necessary supplies and equipment (drugs and nursing visits coded separately).</i>		
<b>Continuous Anti-coagulants Therapy (Heparin)</b>		
All Drugs	NDC	
Per Diem Rates- continuous anticoagulant	S9336	
Per Diem Rates- intermittent anticoagulant	S9372	
<i>Included in the per diem rate for Anti-coagulant therapy: Administrative services, professional pharmacy services (including Diluents, Solution, Heparin, Saline, Sterile Water, etc) , care coordination, all necessary supplies and equipment (drugs and nursing visits coded separately).</i>		
<b>Continuous Anti-emetic Therapy (Kerol, Anzemet, Zofran, Zofran)</b>		
All Drug	NDC	
Per Diem Rates	S9351	
<i>Included in the per diem rate for Anti-emetic therapy: Administrative services, professional pharmacy services (including Diluents, Solution, Heparin, Saline, Sterile Water, etc) , care coordination, all necessary supplies and equipment (drugs and nursing visits coded separately).</i>		
<b>Continuous Insulin Therapy</b>		
All Drugs	NDC	
Per Diem Rates	S9353	N/A
<i>Included in the per diem rate for Insulin therapy: Administrative services, professional pharmacy services (including Diluents, Solution, Heparin, Saline, Sterile Water, etc) , care coordination, all necessary supplies and equipment (drugs and nursing visits coded separately).</i>		
<b>Steroidal Therapy (Cort-Medrol)</b>		
All Drugs	NDC	
Per Diem Rates	S9490	

**SCOPE OF WORK  
APRIA HEALTHCARE, INC.  
INFUSION THERAPY SERVICES**

Description	Procedure Code	
S9490-TF Home infusion therapy Level II immunosuppressive infusion (cyclosporin, Prograf, Cellcept, Atgam);	S9490-TF	
Home Infusion Therapy Level III immunosuppressive (Zenapax)	S9490-TG	
<i>Included in the per diem rate for Steroidal therapy: Administrative services, professional pharmacy services (including Diluents, Solution, Heparin, Saline, Sterile Water, etc) , care coordination, all necessary supplies and equipment (drugs and nursing visits coded separately).</i>		
<b>Diuretic Therapy (e.g. Lasix)</b>		
All Drugs	NDC	
Per Diem Rates	S9361	
<i>Included in the per diem rate for Diuretic therapy: Administrative services, professional pharmacy services (including Diluents, Solution, Heparin, Saline, Sterile Water, etc) , care coordination, all necessary supplies and equipment (drugs and nursing visits coded separately).</i>		
<b>Tocolytic Therapy (Terbutaline)</b>		
All Drugs	NDC	
Per Diem Rates	S9349	
<i>Included in the per diem rate for Tocolytic therapy: Administrative services, professional pharmacy services (including Diluents, Solution, Heparin, Saline, Sterile Water, etc) , care coordination, all necessary supplies and equipment (drugs and nursing visits coded separately).</i>		
<b>Uninterrupted, Long-term, Controlled Rate IV or SQ Therapy (e.g. Heparin, Saline, Sterile Water, etc)</b>		
All Drugs	NDC	
Per Diem Rates	S9347	
<i>Included in the per diem rate for Uninterrupted, Long-term, Controlled Rate IV or SQ therapy: Administrative services, professional pharmacy services (including Diluents, Solution, Heparin, Saline, Sterile Water, etc) , care coordination, all necessary supplies and equipment (drugs and nursing visits coded separately).</i>		
<b>Misc. Infusion Therapy</b>		
All Drugs	NDC	
Per Diem Rates	S9379	
<i>Included in the per diem rate for Miscellaneous Infusion therapy: Administrative services, professional pharmacy services, (including Diluents, Solution, Heparin, Saline, Sterile Water, etc) care coordination, all necessary supplies and equipment (drugs and nursing visits coded separately).</i>		
<b>Misc. Injection Therapies (IM/SQ)</b>		
All Drugs (Self injectable)	NDC	
Per Diem Rates	S9542	
<i>Included in per diem rate for injectable therapy: Administrative services, professional pharmacy services (including Diluents, Solution, Heparin, Saline, Sterile Water, etc) , care coordination, all necessary supplies and equipment (drugs and nursing visits coded separately).</i>		
<b>Multiple Therapies</b>		
<b>Same Therapy type:</b> <i>The therapy with the highest daily rate will be charged at 100% of the per diem. The therapy with the second highest daily rate (code SH) will be charged at 85% of the per diem. All remaining therapies (code SJ) will be charged at 90% of the per diem. (Multiple Therapy discounts only apply to per diems, all drugs will be billed at full allowable price).</i>		
<b>Multiple Therapies of a different type:</b> <i>Paid at full per diem rates for each therapy.</i>		
<b>Catheter Services</b>		
<b>Professional Insertion</b>		
PICC Insertion w/o Supplies	S5522	
Midline Insertion w/o Supplies	S5523	
Midline Insertion w/o Supplies		

**SCOPE OF WORK  
APRIA HEALTHCARE, INC.  
INFUSION THERAPY SERVICES**

Description	Procedure Code	
PICC Insertion Kit	S5520	
Midline Insertion Kit	S5521	
<b>Catheter Declotting</b>		
Drug Charges	NDC	
Catheter Declotting Supply Kit	S5517	
<b>Catheter Repair</b>		
Catheter Repair Kit	S5518	
<b>Catheter Maintenance</b>		
Drug Charges (heparin, saline, etc.)	NDC	
Single Lumen	S5498	
Multiple Lumen	S5501	
Implanted Devices	S5502	
<i>Included in the per diem rate for Cathcare services: Administrative services, professional pharmacy services, care coordination, all necessary supplies and equipment (drugs and nursing visits coded separately).</i>		
Description	Procedure Code	
<b>Irrigation</b>		
All Drugs	NDC	
Per Diem	S9590	
Sterile irrigation of an organ or anatomical cavity.		
<b>Supplies Not Listed</b>		
Supplies	NDC, HCPC and CPT Codes	
<b>Modifiers and Misc. Codes</b>		
Specialized High Tech Nursing (peds, chemo, implanted syncra med.)	99601-SD	
Nursing	99601	
Each Additional Hour	99602	
	99602SD	
Infusion device routine service	S5035	
Infusion device repair service	S5036	
<i>PER Diem is the amount charged for each day that a patient receives a dose of pharmaceutical products and/or nursing or other healthcare services pursuant to this agreement. Provider shall use HIPAA compliant HCPCS codes when billing per diem charges.</i>		

**FEE SCHEDULE**  
**APRIA HEALTHCARE, INC.**  
**DME, RESPIRATORY THERAPY, NPWT & ENTERAL THERAPY SERVICES**

Reimbursement will be based on 100% of 2011 California Medi-Cal allowable payment, except for line item pricing listed below.

For covered items that do not have a Medi-Cal allowable reimbursement rate, pricing will be based on 30% of CONTRACTOR's retail charges.

HCPC	HCPC Category	HCPC Description	Provided	Not Provided
94660	OXYGEN & RESPIRATORY SUPPLIES	CPAP INITIATION AND MANAGEMENT	X	
94760	OXYGEN & RESPIRATORY SUPPLIES	EAR OR PULSE OXIMETRY, SINGLE SPOT CHECK	X	
94761	OXYGEN & RESPIRATORY SUPPLIES	PULSE OXIMETRY	X	
94762	OXYGEN & RESPIRATORY SUPPLIES	EAR OR PULSE OXIMETRY, OVERNIGHT STUDY	X	
94772	OXYGEN & RESPIRATORY SUPPLIES	PEDIATRIC PNEUMOGRAM, 12-24 HR RECORDING	X	
95806	OXYGEN & RESPIRATORY SUPPLIES	SLEEP STUDY, UNATTENDED, ECG/SAT/RESP EF		X
99503	OXYGEN & RESPIRATORY SUPPLIES	HOME VISIT FOR RESPIRATORY THERAPY CARE	X	
99600	OXYGEN & RESPIRATORY SUPPLIES	RESPIRATORY THERAPIST VISIT, PER HOUR	X	
A4206	MEDICAL AND SURGICAL SUPPLIES	SYRINGE W/ NEEDLE; STERILE 1CC OR LESS		X
A4208	MEDICAL AND SURGICAL SUPPLIES	SYRINGE W/ NEEDLE; STERILE, 3CC EA		X
A4209	MEDICAL AND SURGICAL SUPPLIES	SYRINGE W/NEEDLE; STERILE, 5 CC/GRTR EA		X
A4211	MEDICAL AND SURGICAL SUPPLIES	SUPPLIES FOR SELF-ADMINISTERED INJECTION		X
A4212	MEDICAL AND SURGICAL SUPPLIES	NON-CORING NEEDLE/STYLET W/ OR W/O CATH		X
A4213	MEDICAL AND SURGICAL SUPPLIES	SYRINGE, STERILE, 20CC OR GREATER EA	X	
A4215	MEDICAL AND SURGICAL SUPPLIES	NEEDLES ONLY, STERILE ANY SIZE, EA		X
A4216	MEDICAL AND SURGICAL SUPPLIES	STERILE WATER/SALINE OR DEXTROSE 10 ML	X	
A4217	MEDICAL AND SURGICAL SUPPLIES	STERILE WATER/SALINE, 500 ML	X	
A4218	MEDICAL AND SURGICAL SUPPLIES	STERILE SALINE/WATER METERED DOSE 10ML	X	
A4221	MEDICAL AND SURGICAL SUPPLIES	SUPPLIES-MAINT. OF DRUG INFUSN CATH,WKLY		X
A4222	MEDICAL AND SURGICAL SUPPLIES	INFUSION SUPPLIES FOR EIP,PER CASS/BAG		X
A4230	DIABETIC SUPPLIES	INFUSN SET,EXTERNAL INSULIN PUMP,CANULA		X
A4231	DIABETIC SUPPLIES	INFUSN SET FOR EXT INSULIN PUMP,NEEDLE		X
A4232	DIABETIC SUPPLIES	SYRINGE W/NDLE FOR EXT INS PUMP,STERILE		X
A4235	DIABETIC SUPPLIES	REPLCMNT BTRY,LITHIUM FOR GLUCOMETER		X
A4244	MEDICAL AND SURGICAL SUPPLIES	ALCOHOL OR PEROXIDE, PER PINT		X
A4245	MEDICAL AND SURGICAL SUPPLIES	ALCOHOL WIPES, PER BOX		X
A4246	MEDICAL AND SURGICAL SUPPLIES	BETADINE OR PHISOHEX SOLUTION, PER PINT		X
A4247	MEDICAL AND SURGICAL SUPPLIES	BETADINE OR IODINE SWABS/WIPES, PER BOX		X
A4248	MEDICAL AND SURGICAL SUPPLIES	CHLORHEXIDINE CONTAINING ANTISPETIC, 1ML		X
A4250	DIABETIC SUPPLIES	URINE TST/REAGENT STRPS/TABLTS,100/PER		X
A4253	DIABETIC SUPPLIES	BLOOD GLCS TST/REAGENT STRPS,FOR HOME/50		X
A4256	DIABETIC SUPPLIES	NORMAL, LOW&HIGH CALIBRATOR SOLUTN/CHIPS		X
A4258	DIABETIC SUPPLIES	SPRING PWRD DEVICE FOR LANCET, EACH		X
A4259	DIABETIC SUPPLIES	LANCETS, PER BOX OF 100		X
A4265	MEDICAL AND SURGICAL SUPPLIES	PARAFFIN, PER POUND	X	
A4280	MEDICAL AND SURGICAL SUPPLIES	ADHESIVE SKIN SUPPORT ATTCHMNT,BREAST EA		X
A4281	MEDICAL AND SURGICAL SUPPLIES	TUBING FOR BREAST PUMP, REPLACEMENT		X
A4282	MEDICAL AND SURGICAL SUPPLIES	ADAPTER FOR BREAST PUMP, REPLACEMENT		X

**FEE SCHEDULE**  
**APRIA HEALTHCARE, INC.**  
**DME, RESPIRATORY THERAPY, NPWT & ENTERAL THERAPY SERVICES**

HCPC	HCPC Category	HCPC Description	Provided	Not Provided
A4283	MEDICAL AND SURGICAL SUPPLIES	CAP FOR BREAST PUMP BOTTLE, REPLACEMENT		X
A4284	MEDICAL AND SURGICAL SUPPLIES	BREAST SHIELD/PROTECT BREAST PUMP, REPLCM		X
A4285	MEDICAL AND SURGICAL SUPPLIES	POLYCARBONATE BOTTLE FOR BREAST PUMP, RPL		X
A4286	MEDICAL AND SURGICAL SUPPLIES	LOCKING RING FOR BREAST PUMP, REPLACEMENT		X
A4310	MEDICAL AND SURGICAL SUPPLIES	INSERTION TRAY W/O DRAINAGE BAG; NO CATH		X
A4311	MEDICAL AND SURGICAL SUPPLIES	INSERTION TRAY W/O DRAINAGE BAG		X
A4314	MEDICAL AND SURGICAL SUPPLIES	INSERTION TRAY W/DRAIN BG TWO WAY LATEX		X
A4315	MEDICAL AND SURGICAL SUPPLIES	INSERTION TRAY W/DRAIN BG, ALL SILICONE		X
A4320	MEDICAL AND SURGICAL SUPPLIES	IRRIG TRAY W/BULB OR PISTON SYRINGE, ANY		X
A4322	MEDICAL AND SURGICAL SUPPLIES	IRRIG SYRINGE, BULB OR PISTON, EACH		X
A4326	MEDICAL AND SURGICAL SUPPLIES	MALE EXTERNAL CATH W/INT COLLECTN CHAMBER		X
A4330	MEDICAL AND SURGICAL SUPPLIES	PERIANAL FECAL COLLECTN POUCH W/ADHESIVE		X
A4331	MEDICAL AND SURGICAL SUPPLIES	EXTENSION DRAINAGE TUBING ANY TYPE/LENGT		X
A4332	MEDICAL AND SURGICAL SUPPLIES	LUBRICANT, INDIVIDUAL STERILE PACKET, EACH		X
A4333	MEDICAL AND SURGICAL SUPPLIES	URINARY CATH ANCHORING DEVICE, ADHESIVE EA		X
A4334	MEDICAL AND SURGICAL SUPPLIES	URINARY CATH ANCHORING DEVICE, STRAP EA		X
A4335	MEDICAL AND SURGICAL SUPPLIES	INCONTINENT SUPPLY; MISC		X
A4338	MEDICAL AND SURGICAL SUPPLIES	INDW CATH; FOLEY TYPE, 2 WAY LATEX W/COATG		X
A4340	MEDICAL AND SURGICAL SUPPLIES	INDW CATH; SPECITY TYPE, EG; COUDE, MUSHRM		X
A4344	MEDICAL AND SURGICAL SUPPLIES	INDW CATH, FOLEY TYPE; 2 WAY, ALL SILICN, EA		X
A4349	MEDICAL AND SURGICAL SUPPLIES	MALE EXTERNAL CATH, W/ OR W/OUT ADHESIVE		X
A4351	MEDICAL AND SURGICAL SUPPLIES	INTERMITTENT URO CATH; STRAIGHT TIP, EACH		X
A4352	MEDICAL AND SURGICAL SUPPLIES	INTERMITTENT URO CATH; COUDE TIP, EACH		X
A4353	MEDICAL AND SURGICAL SUPPLIES	INTERMITTENT URO CATH, W/INSERTN SUPPLIES		X
A4354	MEDICAL AND SURGICAL SUPPLIES	INSERTION TRAY W/DRAIN BAG W/O CATHETER		X
A4355	MEDICAL AND SURGICAL SUPPLIES	IRRIG TUBNG CONT BLADDER IRRIG, EACH 3WAY		X
A4356	MEDICAL AND SURGICAL SUPPLIES	EXTERNAL URETHRAL CLAMP OR COMPR DEVICE		X
A4357	MEDICAL AND SURGICAL SUPPLIES	BEDSIDE DRAINAGE BAG, DAY OR NIGHT, EACH		X
A4358	MEDICAL AND SURGICAL SUPPLIES	URO DRAIN BAG, VINYL, WITH OR W/O TUBE, EA		X
A4361	MEDICAL AND SURGICAL SUPPLIES	OSTMY FACE PLATE, EACH		X
A4362	MEDICAL AND SURGICAL SUPPLIES	SKIN BARRIER; SOLID, 4X4 OR =, EACH		X
A4363	MEDICAL AND SURGICAL SUPPLIES	OSTOMY CLAMP, ANY TYPE, REPLACEMENT		X
A4364	MEDICAL AND SURGICAL SUPPLIES	ADHESIVE LIQUID OR EQUAL, ANY TYPE, PER OZ		X
A4366	MEDICAL AND SURGICAL SUPPLIES	OSTOMY VENT, ANY TYPE, EACH		X
A4367	MEDICAL AND SURGICAL SUPPLIES	OSTMY BELT, EA		X

**FEE SCHEDULE**  
**APRIA HEALTHCARE, INC.**  
**DME, RESPIRATORY THERAPY, NPWT & ENTERAL THERAPY SERVICES**

HCPC	HCPC Category	HCPC Description	Provided	Not Provided
A4368	MEDICAL AND SURGICAL SUPPLIES	OSTMY FILTER, ANY TYPE, EACH		X
A4369	MEDICAL AND SURGICAL SUPPLIES	OSTMY SKIN BARRIER, LIQUID PER OZ		X
A4371	MEDICAL AND SURGICAL SUPPLIES	OSTMY SKIN BARRIER, POWDER, PER OZ		X
A4373	MEDICAL AND SURGICAL SUPPLIES	OSTMY SKIN BARRIER, W/FLANGE/CONVEX/EACH		X
A4375	MEDICAL AND SURGICAL SUPPLIES	OSTMY POUCH, DRAINBLE, W/FCPLTE/PLSTIC EA		X
A4376	MEDICAL AND SURGICAL SUPPLIES	OSTMY POUCH, DRAINBLE, W/FCPLTE/RUBBER EA		X
A4377	MEDICAL AND SURGICAL SUPPLIES	OSTMY POUCH, DRAIN, USE W/FCPLTE/PLSTC EA		X
A4385	MEDICAL AND SURGICAL SUPPLIES	OSTMY SKIN BARRIER, SOLID 4X4 OR EQUIV EA		X
A4388	MEDICAL AND SURGICAL SUPPLIES	OSTMY POUCH, DRAINBLE, EXTND WEAR, EACH		X
A4389	MEDICAL AND SURGICAL SUPPLIES	OSTMY POUCH, DRAINBLE, STD WEAR BARRIER EA		X
A4390	MEDICAL AND SURGICAL SUPPLIES	OSTMY POUCH, DRAINBLE, W/EXTND BARRIER EA		X
A4391	MEDICAL AND SURGICAL SUPPLIES	OSTMY POUCH, URO, W/EXTD BARRIER, NOCONVEX		X
A4392	MEDICAL AND SURGICAL SUPPLIES	OSTMY POUCH, URO, W/STD BARRIER, W/CONVEX		X
A4393	MEDICAL AND SURGICAL SUPPLIES	OSTMY POUCH, URO, EXTND BARRIER, W/CONVEX		X
A4394	MEDICAL AND SURGICAL SUPPLIES	OSTMY DEODORANT, W/OR W/O LUBE, POUCH FL O		X
A4395	MEDICAL AND SURGICAL SUPPLIES	OSTMY DEODORANT, USE IN PCH, SOLID/TABLET		X
A4396	MEDICAL AND SURGICAL SUPPLIES	OSTMY BELT W/PERISTOMAL HERNIA SUPPORT		X
A4397	MEDICAL AND SURGICAL SUPPLIES	IRRIGATION SUPPLY; SLEEVE, EA		X
A4398	MEDICAL AND SURGICAL SUPPLIES	OSTMY IRRIGATION SUPPLY; BAG, EACH		X
A4399	MEDICAL AND SURGICAL SUPPLIES	OSTMY IRRIG. SUPPLY; CONE/CATH W/BRUSH		X
A4400	MEDICAL AND SURGICAL SUPPLIES	OSTMY IRRIGATION SET		X
A4402	MEDICAL AND SURGICAL SUPPLIES	LUBRICANT, PER OUNCE		X
A4404	MEDICAL AND SURGICAL SUPPLIES	OSTMY RING, EACH		X
A4405	MEDICAL AND SURGICAL SUPPLIES	OSTOMY SKIN BARRIER, NONPECTIN PASTE, OZ		X
A4406	MEDICAL AND SURGICAL SUPPLIES	OSTOMY SKIN BARRIER, PECTIN, PASTE, OZ		X
A4407	MEDICAL AND SURGICAL SUPPLIES	OSTOMY SKIN BARRIER W/FLANGE <= 4 SQ INC		X
A4409	MEDICAL AND SURGICAL SUPPLIES	OSTOMY SKIN BARRIER W/FLANGE <= 4 SQ INC		X
A4410	MEDICAL AND SURGICAL SUPPLIES	OSTOMY SKIN BARRIER W/FLANGE > 4 SQ INCH		X
A4411	MEDICAL AND SURGICAL SUPPLIES	OSTMY SKN BARRIER, 4X4, EXT WEAR BLTIN CON		X
A4412	MEDICAL AND SURGICAL SUPPLIES	OSTOMY POUCH, DRN HGH OUTPUT 2PC W/O FLTR		X
A4413	MEDICAL AND SURGICAL SUPPLIES	OSTOMY POUCH, DRAINABLE W/FLANGE 2PIECE		X
A4414	MEDICAL AND SURGICAL SUPPLIES	OSTOMY SKIN BARRIER W/FLANGE W/O <= 4SQ I		X
A4415	MEDICAL AND SURGICAL SUPPLIES	OSTOMY SKIN BARRIER W/O > 4 SQ INC		X
A4416	MEDICAL AND SURGICAL SUPPLIES	OSTOMY POUCH, CLSD W/BARRIER, W/FILTER, EA		X
A4418	MEDICAL AND SURGICAL SUPPLIES	OSTOMY PCH, CLSD, W/O BARRIER, W/FILTR 1PIE		X
A4419	MEDICAL AND SURGICAL SUPPLIES	OSTOMY PCH, CLSD, W/O BARRIER W/FLANGE 2PI		X
A4421	MEDICAL AND SURGICAL SUPPLIES	OSTOMY SUPPLY; MISCELLANEOUS		X
A4422	MEDICAL AND SURGICAL SUPPLIES	OSTOMY ABSORBENT MATERIAL FOR POUCH		X
A4423	MEDICAL AND SURGICAL SUPPLIES	OSTOMY PCH, CLSD, W/O BARRIER W/FLNGE 2PC		X

**FEE SCHEDULE**  
**APRIA HEALTHCARE, INC.**  
**DME, RESPIRATORY THERAPY, NPWT & ENTERAL THERAPY SERVICES**

HCPC	HCPC Category	HCPC Description	Provided	Not Provided
A4424	MEDICAL AND SURGICAL SUPPLIES	OSTOMY PCH, DRAINABLE W/BARRIER, W/FILTR		X
A4425	MEDICAL AND SURGICAL SUPPLIES	OSTOMY PCH, DRAINABLE, W/O BARRIER 2PC		X
A4426	MEDICAL AND SURGICAL SUPPLIES	OSTOMY PCH, DRAINABLE, W/OBARRIER, 2PC		X
A4427	MEDICAL AND SURGICAL SUPPLIES	OSTOMY PCH, DRAINABLE, W/O BARRIER 2PC		X
A4428	MEDICAL AND SURGICAL SUPPLIES	OSTOMY PCH, URINARY W/EXT BARRIER 1PC		X
A4430	MEDICAL AND SURGICAL SUPPLIES	OSTOMY PCH, URINARY, W/EXT WEAR BARRIER 1		X
A4431	MEDICAL AND SURGICAL SUPPLIES	OSTOMY PCH, URINARY W/BARRIER, W/VALVE 2PC		X
A4432	MEDICAL AND SURGICAL SUPPLIES	OSTOMY PCH, URINARY, W/O BARRIER W/FLNGE 2		X
A4433	MEDICAL AND SURGICAL SUPPLIES	OSOTMY PCH, URINARY, W/O BARRIER W/FLANG		X
A4434	MEDICAL AND SURGICAL SUPPLIES	OSOTMY PCH, URINARY, W/O BARRIER W/VALVE		X
A4450	MEDICAL AND SURGICAL SUPPLIES	TAPE NON-WATERPROOF PER 18 SQ INCHES		X
A4452	MEDICAL AND SURGICAL SUPPLIES	TAPE, WATERPROOF, PER 18 SQUARE INCHES		X
A4455	MEDICAL AND SURGICAL SUPPLIES	ADHESIVE REMOVER/SOLVENT, PER OUNCE		X
A4456	MEDICAL AND SURGICAL SUPPLIES	ADHESIVE REMOVER, WIPES, ANY TYPE, EACH		X
A4461	MEDICAL AND SURGICAL SUPPLIES	SURGICAL DRESSING HOLDER, NON- REUSABLE, EA		X
A4463	MEDICAL AND SURGICAL SUPPLIES	SURGICAL DRESSING HOLDER, REUSABLE, EA		X
A4466	MEDICAL AND SURGICAL SUPPLIES	GARMENT, BELT, SLEEVE, ELASTIC, EACH		X
A4481	MEDICAL AND SURGICAL SUPPLIES	TRACHEOSTOMA FILTER, EA ANY TYPE OR SIZE	X	
A4483	MEDICAL AND SURGICAL SUPPLIES	MOISTURE EXCHANGER, DISPOSABLE, USE W/VENT	X	
A4490	MEDICAL AND SURGICAL SUPPLIES	SURGICAL STOCKING; ABOVE KNEE LENGTH EA		X
A4495	MEDICAL AND SURGICAL SUPPLIES	SURGICAL STOCKING; THIGH LENGTH EACH		X
A4500	MEDICAL AND SURGICAL SUPPLIES	SURGICAL STOCKING; BELOW KNEE, EACH		X
A4510	MEDICAL AND SURGICAL SUPPLIES	SURGICAL STOCKING; FULL LENGTH-EACH		X
A4554	MEDICAL AND SURGICAL SUPPLIES	DISP. UNDERPADS, ALL SIZES, E.G. CHUX		X
A4556	SUPPLIES	ELECTRODES (E.G. APNEA MONITOR) PER PAIR	X	
A4557	SUPPLIES	LEAD WIRES (E.G. APNEA MONITOR) PER PAIR	X	
A4558	SUPPLIES	CONDUCTIVE PASTE OR GEL, W ELECT DVC OZ	X	
A4565	SUPPLIES	SLINGS		X
A4580	SUPPLIES	CAST SUPPLIES		X
A4601	OXYGEN & RESPIRATORY SUPPLIES	BATTERY, LITHIUM ION NON PROSTH USE, EA		X
A4604	OXYGEN & RESPIRATORY SUPPLIES	TUBING W INTGRD HEAT ELMNT POS AIR PRES	X	
A4605	OXYGEN & RESPIRATORY SUPPLIES	TRACHEAL SUCTION CATHETER, CLOSED, EACH	X	
A4606	OXYGEN & RESPIRATORY SUPPLIES	O2 PROBE FOR USE W/OXIMETER, REPLACEMENT	X	
A4608	OXYGEN & RESPIRATORY SUPPLIES	TRANSTRACHEAL OXYGEN CATHETER, EA	X	
A4611	OXYGEN & RESPIRATORY SUPPLIES	BATTERY, H-DUTY, REPLCMNT, PT OWNED VENT	X	
A4612	OXYGEN & RESPIRATORY SUPPLIES	BTRY CABLES, REPLCMT FOR PT OWNED VENT	X	
A4613	OXYGEN & RESPIRATORY SUPPLIES	BTRY CHARGER; RPLCMT FOR PT OWNED VENT	X	
A4614	OXYGEN & RESPIRATORY SUPPLIES	PEAK FLOW METER, HAND HELD	X	
A4615	OXYGEN & RESPIRATORY SUPPLIES	CANNULA, NASAL	X	
A4616	OXYGEN & RESPIRATORY SUPPLIES	TUBING, (OXYGEN) PER FOOT	X	

**FEE SCHEDULE**  
**APRIA HEALTHCARE, INC.**  
**DME, RESPIRATORY THERAPY, NPWT & ENTERAL THERAPY SERVICES**

HCPC	HCPC Category	HCPC Description	Provided	Not Provided
A4617	OXYGEN & RESPIRATORY SUPPLIES	MOUTH PIECE	X	
A4618	OXYGEN & RESPIRATORY SUPPLIES	BREATHING CIRCUITS	X	
A4619	OXYGEN & RESPIRATORY SUPPLIES	FACE TENT	X	
A4620	OXYGEN & RESPIRATORY SUPPLIES	VARIABLE CONCENTRATION MASK	X	
A4623	OXYGEN & RESPIRATORY SUPPLIES	TRACHEOSTOMY, INNER CANNULA, REPLACEMENT	X	
A4624	OXYGEN & RESPIRATORY SUPPLIES	TRACHEAL SUCTION CATHETER, ANY TYPE, EA	X	
A4625	OXYGEN & RESPIRATORY SUPPLIES	TRACHEOSTOMY CARE KIT NEW TRACHEOSTMY	X	
A4626	OXYGEN & RESPIRATORY SUPPLIES	TRACHEOSTOMY CLEANING BRUSH, EACH	X	
A4627	OXYGEN & RESPIRATORY SUPPLIES	SPACER,BAG,OR RESERVOIR,W OR W/OUT MASK	X	
A4628	OXYGEN & RESPIRATORY SUPPLIES	OROPHARYNGEAL SUCTION CATHETER, EACH	X	
A4629	OXYGEN & RESPIRATORY SUPPLIES	TRACH CARE KIT F/ESTABLISHED TRACHEOSTMY	X	
A4630	DME SUPPLIES	RPLCMT BTRY FOR (T.E.N.S OWNED BY PT)	X	
A4633	DME SUPPLIES	BULB/LAMP FOR ULTRAVIOLET LIGHT THERAPY	X	
A4634	DME SUPPLIES	BULB FOR THERAPEUTIC LIGTH BOX, TABLETOP	X	
A4635	DME SUPPLIES	UNDERARM PAD, CRUTCH, REPLACEMENT, EACH	X	
A4636	DME SUPPLIES	REPLACEMENT,HANDGRIP CANE/CRTCH/WLKR EA	X	
A4637	DME SUPPLIES	REPLACEMENT,TIP, CANE/CRUTCH/WALKER, EA	X	
A4638	DME SUPPLIES	REPLCMNT BATTERY,PT OWNED PULSE GENERATR		X
A4639	DME SUPPLIES	PAD FOR INFRARED HEATING PAD SYSTEM, EA		X
A4640	DME SUPPLIES	REPLACEMENT PAD,USE W/OWNED PRESSURE PAD	X	
A4649	RADIOLOGICAL PROCEDURE SUPPLIES	SURGICAL SUPPLY, MISCELLANEOUS		X
A4657	SUPPLIES FOR ESRD	SYRINGE, WITH OR WITHOUT NEEDLE, EACH		X
A4660	SUPPLIES FOR ESRD	SPHYG/BLOOD PRESS CUFF & STETH F/DIALYSI	X	
A4663	SUPPLIES FOR ESRD	BLOOD PRESSURE CUFF ONLY, FOR DIALYSIS	X	
A4670	SUPPLIES FOR ESRD	AUTOMATIC BLOOD PRESSURE MONITOR		X
A4927	SUPPLIES FOR ESRD	GLOVES, NON-STERILE PER/100		X
A4928	SUPPLIES FOR ESRD	MASKS, SURGICAL PER 20		X
A4930	SUPPLIES FOR ESRD	GLOVES, STERILE, PER PAIR		X
A4931	SUPPLIES FOR ESRD	ORAL THERMOMETER, REUSABLE, ANY TYPE, EA		X
A5051	OSTOMY SUPPLIES	POUCH,CLOSED;W/BARRIER ATTACHED 1 PIECE		X
A5052	OSTOMY SUPPLIES	POUCH,CLOSED;W/O BARRIER ATTCHD(1PIECE)		X
A5053	OSTOMY SUPPLIES	POUCH,CLOSED; FOR USE ON FACE PLATE		X
A5054	OSTOMY SUPPLIES	POUCH,CLOSED;F/USE ON BARRIER W/FLANGE		X
A5055	OSTOMY SUPPLIES	STOMA CAP		X
A5061	OSTOMY SUPPLIES	POUCH, DRAINABLE; W/BARRIER (1 PC)		X
A5062	OSTOMY SUPPLIES	POUCH, DRAINABLE; W/O BARRIER (1 PC)		X
A5063	OSTOMY SUPPLIES	POUCH,DRAIN;USE W/BARRIER W/FLNGE,2PIECE		X
A5071	OSTOMY SUPPLIES	POUCH, URINARY; W/BARRIER (1 PC)		X
A5072	OSTOMY SUPPLIES	POUCH, URINARY; W/O BARRIER (1 PC)		X



**FEE SCHEDULE**  
**APRIA HEALTHCARE, INC.**  
**DME, RESPIRATORY THERAPY, NPWT & ENTERAL THERAPY SERVICES**

HCPC	HCPC Category	HCPC Description	Provided	Not Provided
A5073	OSTOMY SUPPLIES	POUCH, URINARY; BARRIER W/FLANGE (2 PC)		X
A5082	OSTOMY SUPPLIES	CONTINENT DEV; CATH FOR CONTINENT STOMA		X
A5093	OSTOMY SUPPLIES	OSTMY ACCESSORY; CONVEX INSERT		X
A5102	OSTOMY SUPPLIES	BEDSIDE DRAIN. BOTTLE, W/ OR W/O TUBING		X
A5112	OSTOMY SUPPLIES	URINARY LEG BAG; LATEX		X
A5114	OSTOMY SUPPLIES	LEG STRAP;FOAM/FABRIC,REPLCMT ONLY./SET		X
A5120	OSTOMY SUPPLIES	SKIN BARRIER; WIPES OR SWABS,EACH		X
A5122	OSTOMY SUPPLIES	SKIN BARRIER; SOLID, 8X8 OR EQUIV, EA		X
A5126	OSTOMY SUPPLIES	ADHESIVE/NON ADHESIVE; DISK OR FOAM PAD		X
A5131	OSTOMY SUPPLIES	APPLIANCE CLEANER,ICONT/OSTMY, PER 16 OZ		X
A5200	OSTOMY SUPPLIES	PERCUTANEOUS CATH/TUBE ANCHORING DEVICE		X
A6021	WOUND DRESSINGS	COLLAGEN DRESSING,=16 SQ INCH OR LESS EA		X
A6022	WOUND DRESSINGS	COLLAGEN DRESSING,LARGER 16 SQ"LESS/=48"		X
A6025	WOUND DRESSINGS	GEL SHEET FOR DERMAL/EPIDERMAL APPLCTN		X
A6154	WOUND DRESSINGS	WOUND POUCH, EACH		X
A6196	WOUND DRESSINGS	ALGINATE DRESSING,WOUND CVR,16"SQ ORLESS		X
A6197	WOUND DRESSINGS	ALGINATE DRESS,WND CVR,MORE 16"LESS/=48"		X
A6198	WOUND DRESSINGS	ALGINATE DRESS,WOUND CVR,MORE THAN 48SQ"		X
A6199	WOUND DRESSINGS	ALGINATE DRESSING, WOUND FILLER, PER 6"		X
A6203	WOUND DRESSINGS	COMP DRESS,16SQ"OR LESS,ANY SIZE BORDER		X
A6204	WOUND DRESSINGS	COMP DRESS,ABV 16SQ",48SQ"OR LESS/BORDR		X
A6205	WOUND DRESSINGS	COMP DRESS,ABV 48SQ",ANY SIZE BORDER,EA		X
A6206	WOUND DRESSINGS	CONTACT LAYER,16SQ" OR LESS,EACH DRESSNG		X
A6207	WOUND DRESSINGS	CONTACT LAYER,ABOVE 16SQ",48SQ" OR LESS		X
A6208	WOUND DRESSINGS	CONTACT LAYER,MORE THAN 48SQ", EACH DRES		X
A6209	WOUND DRESSINGS	FOAM DRESS,WND CVR,16SQ"OR LESS,NOBORDER		X
A6210	WOUND DRESSINGS	FOAM DRESS,WND CVR,ABV 16SQ",48SQ"ORLESS		X
A6211	WOUND DRESSINGS	FOAM DRESS,WND CVR,ABOVE 48SQ",NO BORDER		X
A6212	WOUND DRESSINGS	FOAM DRESS,WND CVR,16SQ" OR LESS,BORDER		X
A6213	WOUND DRESSINGS	FOAM DRESS,WND CVR,ABV 16SQ",48SQ"ORLESS		X
A6214	WOUND DRESSINGS	FOAM DRESS,WND CVR,MORE THN 48SQ",W/BORD		X
A6215	WOUND DRESSINGS	FOAM DRESSING, WOUND FILLER, PER GRAM		X
A6216	WOUND DRESSINGS	GAUZE,NON-IMPREG,NON-STER,<16"SQ W/O ADH		X
A6217	WOUND DRESSINGS	GAUZE,NON-IMPREG/STER,ABV 16,48SQ"OR LESS		X
A6219	WOUND DRESSINGS	GAUZE,NON-IMPREG,16SQ" OR LESS,W/BORDER		X
A6220	WOUND DRESSINGS	GAUZE,NON-IMPREG,ABV 16SQ",48SQ"OR LESS		X
A6222	WOUND DRESSINGS	GAUZE,IMPREG,16SQ"OR LESS,NOT H2O,SALINE		X
A6223	WOUND DRESSINGS	GAUZE,IMPREG,NO/H2O,ABV 16SQ",48SQ"ORLESS		X
A6224	WOUND DRESSINGS	GAUZE,IMPREG,ABV 48SQ",NO BORDER,EACH		X

**FEE SCHEDULE**  
**APRIA HEALTHCARE, INC.**  
**DME, RESPIRATORY THERAPY, NPWT & ENTERAL THERAPY SERVICES**

HCPC	HCPC Category	HCPC Description	Provided	Not Provided
A6231	WOUND DRESSINGS	GAUZE, HYDROGEL, 16SQ" OR LESS, DIRECT WOUND		X
A6234	WOUND DRESSINGS	HYDROCOL DRESS, 16SQ" OR LESS, NO BORDER		X
A6235	WOUND DRESSINGS	HYDROCOL DRESS, ABV 16SQ", 48SQ" OR LESS, EA		X
A6236	WOUND DRESSINGS	HYDROCOL DRESS, ABV 48SQ", NO BORDER, EA		X
A6237	WOUND DRESSINGS	HYDROCOL DRESS, 16SQ" OR LESS, ANY BORDER		X
A6238	WOUND DRESSINGS	HYDROCOL DRESS, WND, ABV 16SQ", 48SQ" OR LESS		X
A6242	WOUND DRESSINGS	HYDROGEL DRESSING, 16SQ" OR LESS, NO BORDER		X
A6248	WOUND DRESSINGS	HYDROGEL DRESSING, WOUND FILLER, GEL		X
A6250	WOUND DRESSINGS	SKIN SEALNTS, PROTECTNTS, OINTMNTS, MOISTZR		X
A6251	WOUND DRESSINGS	SPEC ABSORB DRESS, 16SQ" OR LESS, NO BORDR		X
A6252	WOUND DRESSINGS	SPEC ABSORB DRESS, ABV 16SQ", 48SQ" OR LES		X
A6253	WOUND DRESSINGS	SPEC ABSORB DRESS, ABV 48SQ", WND CVR, EA		X
A6254	WOUND DRESSINGS	SPEC ABSORB DRESS, 16SQ" OR LESS, WND CVR		X
A6255	WOUND DRESSINGS	SPEC ABSORP DRESS, ABV 16SQ", 48SQ" OR LESS		X
A6257	WOUND DRESSINGS	TRANSPARENT FILM 16SQ" OR LESS, EACH		X
A6258	WOUND DRESSINGS	TRANSPARENT FILM, ABV 16SQ", 48SQ" OR LESS		X
A6259	WOUND DRESSINGS	TRANSPARENT FILM, ABV 48SQ", EACH		X
A6260	WOUND DRESSINGS	WOUND CLEANSERS, ANY TYPE, ANY SIZE		X
A6261	WOUND DRESSINGS	WOUND FILLER, GEL/PASTE, PER FL OZ NEC		X
A6266	WOUND DRESSINGS	GAUZE, IMPREG, OTH THN WTR/SALINE PER L.YD		X
A6402	WOUND DRESSINGS	GAUZE, NON-IMPREG, STER, 16SQ" OR LESS, NOBRD		X
A6403	WOUND DRESSINGS	GAUZE, NON-IMPREG, STRL, ABV 16SQ", 48SQ" ORLS		X
A6407	WOUND DRESSINGS	GAUZE PACKING STRIPS, NON-IMPREG; <=2IN/YD		X
A6413	WOUND DRESSINGS	ADHESIVE BANDAGE, FIRST-AID ANY SIZE EA		X
A6441	WOUND DRESSINGS	PADDING BANDAGE, NON ELASTIC >=3<5 IN/YD		X
A6442	WOUND DRESSINGS	CONFORM BANDAGE NON ELAS/STERILE, >3IN/YD		X
A6443	WOUND DRESSINGS	BANDAGE, NONELASTIC NONSTERILE, >3IN/YD		X
A6444	WOUND DRESSINGS	BANDAGE, NONELASTIC NON STER >5IN PER YD		X
A6445	WOUND DRESSINGS	CONFORM BAND NON-ELAS, STERILE <3IN/YD		X
A6446	WOUND DRESSINGS	BANDAGE, NONELASTIC STERILE >=3<5IN P/YD		X
A6447	WOUND DRESSINGS	BANDAGE, NONELASTIC STERILE >=5IN PER YD		X
A6448	WOUND DRESSINGS	LITE COMPRESS BAND ELASTIC WTH >3IN P/YD		X
A6449	WOUND DRESSINGS	LIGHT COMPRESS BANDAGE ELASTIC >=3<5IN/Y		X
A6450	WOUND DRESSINGS	LIGHT COMPRESS BANDAGE ELASTIC >=5IN/YD		X
A6451	WOUND DRESSINGS	MOD COMPRESS BANDAGE, ELASTIC >=3<5IN/YD		X
A6452	WOUND DRESSINGS	HIGH COMPRESS BANDAGE, ELASTIC >=3<5IN/YD		X
A6453	WOUND DRESSINGS	SELF ADHER BANDAGE, ELASTIC, WIDTH >3IN/YD		X
A6454	WOUND DRESSINGS	SELF-ADHERENT BANDAGE, ELASTIC >=3<5IN/YD		X
A6456	WOUND DRESSINGS	ZINC PASTE BANDAGE, NONELASTIC >=3<5IN/YD		X

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**APRIA HEALTHCARE, INC.**  
**DME, RESPIRATORY THERAPY, NPWT & ENTERAL THERAPY SERVICES**

HCPC	HCPC Category	HCPC Description	Provided	Not Provided
A6457	WOUND DRESSINGS	TUBULAR ELASTIC DRESSING, PER LINEAR YD		X
A6501	WOUND DRESSINGS	COMPRESS BURN GARMENT, BODYSUIT-CUSTOM		X
A6503	WOUND DRESSINGS	COMPRESS BURN GARMENT, FACIAL HOOD-CUSTOM		X
A6504	WOUND DRESSINGS	COMPRESS BURN GARMENT GLOVE TO WRIST-CST		X
A6507	WOUND DRESSINGS	COMPRESS BURN GARMENT FOOT TO KNEE-CUSTOM		X
A6509	WOUND DRESSINGS	COMPRESS BURN GARMENT JACKET (VEST) CUST		X
A6511	WOUND DRESSINGS	COMPRESS BURN GARMENT, LOWER TRUNK W/LEG		X
A6512	WOUND DRESSINGS	COMPRESS BURN GARMENT NOC, EACH		X
A6530	WOUND DRESSINGS	GRAD COMPRESS STOCKING, BELOW KNEE 18-30		X
A6531	WOUND DRESSINGS	GRAD COMPRESS STOCKING, BELOW KNEE 30-40		X
A6532	WOUND DRESSINGS	GRAD COMPRESS STOCKING, BELOW KNEE,40-50		X
A6533	WOUND DRESSINGS	GRAD COMPRESS STOCKING, THIGH, 18-30		X
A6534	WOUND DRESSINGS	GRAD COMPRESS STOCKING, THIGH 30-40 MMHG		X
A6535	WOUND DRESSINGS	GRAD COMPRESS STOCKING, THIGH 40-50 MMHG		X
A6536	WOUND DRESSINGS	GRAD COMPRESS STOCKING, FULL/CHAP 18-30		X
A6537	WOUND DRESSINGS	GRAD COMPRESS STOCKING, FULL/CHAP 30-40		X
A6539	WOUND DRESSINGS	GRAD COMPRESS STOCKING, WAIST 18-30 MMHG		X
A6540	WOUND DRESSINGS	GRAD COMPRESS STOCKING, WAIST 30-40 MMHG		X
A6541	WOUND DRESSINGS	GRAD COMPRESS STOCKING, WAIST, 40-50MMHG		X
A6544	WOUND DRESSINGS	GRAD COMPRESS STOCKING, GARTER BELT		X
A6549	WOUND DRESSINGS	GRAD COMPRESS STOCKING, NOS		X
A7001	OXYGEN & RESPIRATORY SUPPLIES	CANISTER, NON-DISP, USED W/SUCTION PUMP	X	
A7002	OXYGEN & RESPIRATORY SUPPLIES	TUBING, USED WITH SUCTION PUMP, EACH	X	
A7003	OXYGEN & RESPIRATORY SUPPLIES	ADMIN SET, SM VOL NON-FILT PNEU NEB, DISP	X	
A7004	OXYGEN & RESPIRATORY SUPPLIES	SM VOL NON-FILT PNEU NEB, DISP	X	
A7005	OXYGEN & RESPIRATORY SUPPLIES	ADMIN SET SM VOL NONFILT PNEU NEB NONDIS	X	
A7006	OXYGEN & RESPIRATORY SUPPLIES	ADMIN SET SM VOL FILTERED PNEU NEBULIZER	X	
A7007	OXYGEN & RESPIRATORY SUPPLIES	LARGE VOL NEB, DISP, UNFILT, USED W/AEROSAL	X	
A7008	OXYGEN & RESPIRATORY SUPPLIES	LARGE VOL NEB, DISP, PREFILL, USED W/AEROSL		X
A7009	OXYGEN & RESPIRATORY SUPPLIES	RESERVOIR BOTTLE, NONDISP, USED W/LG VOL	X	
A7010	OXYGEN & RESPIRATORY SUPPLIES	CORRUGATED TUBING, DISP, USED W/LG VOL NEB	X	
A7011	OXYGEN & RESPIRATORY SUPPLIES	CORRUGATED TUBING, NON-DISP, USED W/LG VOL		X
A7012	OXYGEN & RESPIRATORY SUPPLIES	WATER COLLECTION DEV, USED W/LG VOL NEB	X	
A7013	OXYGEN & RESPIRATORY SUPPLIES	FILTER, DISP, USED W/AEROSOL COMPRESSOR	X	
A7014	OXYGEN & RESPIRATORY SUPPLIES	FILTER, NON-DISP, USED W/AEROSOL COMP/ULTR	X	
A7015	OXYGEN & RESPIRATORY SUPPLIES	AEROSOL MASK, USED W/DME NEBULIZER	X	

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**APRIA HEALTHCARE, INC.**  
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HCPC	HCPC Category	HCPC Description	Provided	Not Provided
A7016	OXYGEN & RESPIRATORY SUPPLIES	DOME & MOUTHPIECE,USED W/SM VOL UNTRANEB	X	
A7017	OXYGEN & RESPIRATORY SUPPLIES	NEBULIZER,DURABLE,GLASS/PLASTIC BOTTLE	X	
A7018	OXYGEN & RESPIRATORY SUPPLIES	WATER,DISTILLED,USED W/LG VOL NEB 1000ML	X	
A7025	OXYGEN & RESPIRATORY SUPPLIES	CHEST COMPRESS VEST FOR OSCILLATION SYST		X
A7026	OXYGEN & RESPIRATORY SUPPLIES	CHEST COMPRESS HOSE FOR OSCILLATION SYST		X
A7027	OXYGEN & RESPIRATORY SUPPLIES	CPAP ORAL/NASAL MASK COMBINATION	X	
A7028	OXYGEN & RESPIRATORY SUPPLIES	CPAP ORAL CUSH COMBO ORAL/NASAL MASK RPL	X	
A7029	OXYGEN & RESPIRATORY SUPPLIES	CPAP PILLOWS COMBO ORAL/NASAL PR REPLCMT	X	
A7030	OXYGEN & RESPIRATORY SUPPLIES	CPAP/RAD FULL FACE MASK	X	
A7031	OXYGEN & RESPIRATORY SUPPLIES	CPAP FULL FACE MASK INTERFACE/CUSHION	X	
A7032	OXYGEN & RESPIRATORY SUPPLIES	CPAP/RAD CUSHION NASAL MASK,REPLACEMENT	X	
A7033	OXYGEN & RESPIRATORY SUPPLIES	CPAP/RAD PILLOWS NASAL CANNULA TYPE REPL	X	
A7034	OXYGEN & RESPIRATORY SUPPLIES	CPAP/RAD MASK OR NASAL APPLCTN DEVICE	X	
A7035	OXYGEN & RESPIRATORY SUPPLIES	CPAP/RAD HEADGEAR	X	
A7036	OXYGEN & RESPIRATORY SUPPLIES	CPAP/RAD CHINSTRAP	X	
A7037	OXYGEN & RESPIRATORY SUPPLIES	CPAP/RAD TUBING	X	
A7038	OXYGEN & RESPIRATORY SUPPLIES	CPAP/RAD DISPOSABLE FILTER, EACH	X	
A7039	OXYGEN & RESPIRATORY SUPPLIES	CPAP/RAD FILTER NON-DISPOSABLE, EACH	X	
A7040	OXYGEN & RESPIRATORY SUPPLIES	ONE WAY CHEST DRAIN VALVE		X
A7041	OXYGEN & RESPIRATORY SUPPLIES	DRAINAGE BOTTLE/TUBING FOR CHEST IMPLANT		X
A7042	OXYGEN & RESPIRATORY SUPPLIES	IMPLANTED PLEURAL CATHETER, EACH		X
A7043	OXYGEN & RESPIRATORY SUPPLIES	VACUUM DRAINAGE BOTTLE/TUBING FOR A7042		X
A7044	OXYGEN & RESPIRATORY SUPPLIES	CPAP/RAD ORAL INTERFACE (ORACLE MASK)	X	
A7045	OXYGEN & RESPIRATORY SUPPLIES	EXHALATION PORT FOR CPAP/RAD DEVICE	X	
A7046	OXYGEN & RESPIRATORY SUPPLIES	WATER CHAMBER FOR CPAP/BIPAP HUMIDIFIER	X	
A7501	OXYGEN & RESPIRATORY SUPPLIES	TRACHEOSTOMA VALVE, W/DIAPHRAM, EACH	X	
A7502	OXYGEN & RESPIRATORY SUPPLIES	REPLACEMENT DIAPHRAM FOR TRACH VALVE, EA	X	
A7503	OXYGEN & RESPIRATORY SUPPLIES	FILTER HOLDER OR CAP, FOR TRACH EXCH SYS	X	
A7504	OXYGEN & RESPIRATORY SUPPLIES	FILTER FOR TRACH MOISTURE EXCHANGE SYSTE	X	
A7505	OXYGEN & RESPIRATORY SUPPLIES	HOUSING, REUSABLE, W/O ADHESIVE FOR TRAC	X	
A7506	OXYGEN & RESPIRATORY SUPPLIES	ADHESIVE DISC FOR TRACH VALVE/EXCHNG, EA	X	
A7507	OXYGEN & RESPIRATORY SUPPLIES	FILTER & HOLDER, W/O ADHES FOR TRACH VAL	X	
A7508	OXYGEN & RESPIRATORY SUPPLIES	HOUSING & ADHESIVE, TRACH VALVE/EXCHNGE	X	
A7509	OXYGEN & RESPIRATORY SUPPLIES	FILTER HOLDER/HOUSING W/ADHESIVE FOR TRA	X	
A7520	OXYGEN & RESPIRATORY SUPPLIES	TRACH TUBE,NONCUFFED,PVC,SILICONE,OR EQL	X	
A7521	OXYGEN & RESPIRATORY SUPPLIES	TRACH TUBE, CUFFED, PVC, SILICONE OR EQL	X	

**FEE SCHEDULE**  
**APRIA HEALTHCARE, INC.**  
**DME, RESPIRATORY THERAPY, NPWT & ENTERAL THERAPY SERVICES**

HCPC	HCPC Category	HCPC Description	Provided	Not Provided
A7522	OXYGEN & RESPIRATORY SUPPLIES	TRACH TUBE, STAINLESS STEEL OR EQUAL, EA	X	
A7523	OXYGEN & RESPIRATORY SUPPLIES	TRACHEOSTOMY SHOWER PROTECTOR, EACH	X	
A7524	OXYGEN & RESPIRATORY SUPPLIES	TRACHEOSTOMA STENT/STUD/BUTTON, EACH	X	
A7525	OXYGEN & RESPIRATORY SUPPLIES	TRACHEOSTOMY MASK, EACH	X	
A7526	OXYGEN & RESPIRATORY SUPPLIES	TRACHEOSTOMY TUBE COLLAR/HOLDER, EACH	X	
A7527	OXYGEN & RESPIRATORY SUPPLIES	TRACH TUBE PLUG/STOP, EACH	X	
A8000	SUPPLIES	HELMET,PROTECT,SOFT,PREFABRICATED		X
A8001	SUPPLIES	HELMET,PROTECT,HARD,PREFABRICATED		X
A9150	ADMIN., MISC. & INVESTIGATIONAL	NON-PERSCRIPTION DRUGS		X
A9152	ADMIN., MISC. & INVESTIGATIONAL	SINGLE VITAMIN/MINERAL ORAL, PER DOSE		X
A9153	ADMIN., MISC. & INVESTIGATIONAL	MULTIPLE VITAMINS, ORAL, PER DOSE		X
A9180	OXYGEN & RESPIRATORY SUPPLIES	PEDICULOSIS TREATMENT, TOPICAL		X
A9270	ADMIN., MISC. & INVESTIGATIONAL	NON-COVERED ITEM OR SERVICE		X
A9279	ADMIN., MISC. & INVESTIGATIONAL	MONITORING FEATURE/DEVICE NOC	X	
A9280	ADMIN., MISC. & INVESTIGATIONAL	ALERT OR ALARM DEVICE, NOC		X
A9281	ADMIN., MISC. & INVESTIGATIONAL	REACHER/GRABBING DEVICE,ANY TYPE LENGTH		X
A9284	ADMIN., MISC. & INVESTIGATIONAL	SPIROMETER NON-ELECTRONIC, ALL ACCESSOR		X
A9300	ADMIN., MISC. & INVESTIGATIONAL	EXERCISE EQUIPMENT		X
A9900	ADMIN., MISC. & INVESTIGATIONAL	MISC SUPPLY OR COMPONENT OF ANOTHER HCPC	X	
A9901	ADMIN., MISC. & INVESTIGATIONAL	DELIVERY, S/U DISPENSING OF ANOTHER HCPC	X	
A9999	ADMIN., MISC. & INVESTIGATIONAL	MISC DME SUPPLY OR ACCESSORY, NOC	X	
E0100	CANES, CRUTCHES & WALKERS	CANE,ALL MATERIALS,ADJ/FIXED,W/TIP	X	
E0105	CANES, CRUTCHES & WALKERS	CANE,QUAD/3PRONG,ADJ/FIXED,W/TIP	X	
E0110	CANES, CRUTCHES & WALKERS	CRUTCH,FOREARM,PR, ADJ/FIXED, TIPS/GRIPS	X	
E0111	CANES, CRUTCHES & WALKERS	CRUTCH,FOREARM,EA, ADJ/FIXED, TIPS/GRIPS	X	
E0112	CANES, CRUTCHES & WALKERS	CRUTCH,UNDERARM,PR,ADJ/FIXED,PAD/TIP/GRP	X	
E0113	CANES, CRUTCHES & WALKERS	CRUTCH,UNDERARM,EA,WOOD,ADJ/FIX,P/T/GRIP	X	
E0114	CANES, CRUTCHES & WALKERS	CRUTCH,UNDERARM,OTH THN WOOD,ADJ/FXD, PR	X	
E0116	CANES, CRUTCHES & WALKERS	CRUTCH,UNDERARM,OTH THN WOOD,ADJ/FXD, EA	X	
E0117	CANES, CRUTCHES & WALKERS	CRUTCH UNDERARM ARTICULATING SPRING ASST		X
E0118	CANES, CRUTCHES & WALKERS	CRUTCH SUBSTITUTE, LOWER LEG PLATFORM,EA		X
E0130	CANES, CRUTCHES & WALKERS	WALKER,RIGID(PICKUP), ADJ/FIXED HEIGHT	X	
E0135	CANES, CRUTCHES & WALKERS	WALKER,FOLDING(PICKUP),ADJ/FIXED HEIGHT	X	
E0140	CANES, CRUTCHES & WALKERS	WALKER W/TRUNK SUPPORT, ADJ OR FIXED, EA		X
E0141	CANES, CRUTCHES & WALKERS	WALKER, RIGID, WHEELED, WITHOUT SEAT	X	
E0143	CANES, CRUTCHES & WALKERS	WALKER, FOLDING, WHEELED W/O SEAT	X	
E0144	CANES, CRUTCHES & WALKERS	WALKER,ENCLOSED W/WHEELS & SEAT	X	
E0147	CANES, CRUTCHES & WALKERS	WALKER,H/D,MULT BRAKE,VARIABLE WHEEL RES	X	
E0148	CANES, CRUTCHES & WALKERS	WALKER, HEAVY DUTY, W/O WHEELS, ANY TYPE	X	

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**APRIA HEALTHCARE, INC.**  
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HCPC	HCPC Category	HCPC Description	Provided	Not Provided
E0149	CANES, CRUTCHES & WALKERS	WALKER, HEAVY DUTY, W/WHEELS, ANY TYPE	X	
E0153	CANES, CRUTCHES & WALKERS	PLATFORM ATTACHMENT; FOREARM CRUTCH, EA	X	
E0154	CANES, CRUTCHES & WALKERS	PLATFORM ATTACHMENT; WALKER, EA	X	
E0155	CANES, CRUTCHES & WALKERS	WHEEL ATTACHMENT, RIGID PICKUP WALKER	X	
E0156	CANES, CRUTCHES & WALKERS	SEAT ATTACHMENT, WALKER	X	
E0157	CANES, CRUTCHES & WALKERS	CRUTCH ATTACHMENT, WALKER, EA	X	
E0158	CANES, CRUTCHES & WALKERS	LEG EXTENSIONS FOR WALKER, PER SET OF 4	X	
E0159	CANES, CRUTCHES & WALKERS	BRAKE ATTCHMT,WHEELED WALKER,REPLCMT,EA	X	
E0160	COMMODOES	SITZ BATH/EQPMT,PRTBL,USED W/W/O COMMODE	X	
E0161	COMMODOES	SITZ BATH/EQPMT,PORTBLE, W/FAUCET ATTACH	X	
E0162	COMMODOES	SITZ BATH CHAIR	X	
E0163	COMMODOES	COMMODE CHAIR;STATIONARY W/FIXED ARMS	X	
E0165	COMMODOES	COMMODE CHAIR;STATIONARY W/DETACH ARMS	X	
E0167	COMMODOES	PAIL/PAN FOR USE W/COMMODE CHAIR,REPLCMT	X	
E0168	COMMODOES	COMMODE, HEAVY DUTY, WHEELED, ANY TYPE	X	
E0171	COMMODOES	COMMODE CHAIR W/INTEGRATED LIFT NON ELECT		X
E0175	COMMODOES	FOOT REST, FOR USE W/COMMODE CHAIR, EA		X
E0181	DECUBITUS CARE EQUIPMENT	PRESSURE PAD,ALTERNATING W/PUMP; H/D	X	
E0182	DECUBITUS CARE EQUIPMENT	PUMP FOR ALTERNATING PRESSURE PAD,REPLMT	X	
E0184	DECUBITUS CARE EQUIPMENT	DRY PRESSURE MATTRESS	X	
E0185	DECUBITUS CARE EQUIPMENT	GEL/GEL-LIKE PRESS PAD FOR MATTRESS, STD	X	
E0186	DECUBITUS CARE EQUIPMENT	AIR PRESSURE MATTRESS	X	
E0187	DECUBITUS CARE EQUIPMENT	WATER PRESSURE MATTRESS	X	
E0188	DECUBITUS CARE EQUIPMENT	SYNTHETIC SHEEPSKIN PAD	X	
E0189	DECUBITUS CARE EQUIPMENT	LAMBSWOOL SHEEPSKIN PAD, ANY SIZE	X	
E0190	TRACTION & TRAPEZE EQUIPMENT	POSITIONING CUSHION/PILLOW/WEDGE, EACH		X
E0191	DECUBITUS CARE EQUIPMENT	HEEL OR ELBOW PROTECTOR, EA	X	
E0193	DECUBITUS CARE EQUIPMENT	POWERED AIR FLOTATION BED (LOW AIR LOSS)		X
E0194	DECUBITUS CARE EQUIPMENT	AIR FLUIDIZED BED		X
E0196	DECUBITUS CARE EQUIPMENT	GEL PRESSURE MATTRESS	X	
E0197	DECUBITUS CARE EQUIPMENT	AIR PRESSURE PAD FOR MATTRESS, STD WDTN	X	
E0198	DECUBITUS CARE EQUIPMENT	WATER PRESSURE PAD FOR MATTRESS,STANDARD	X	
E0199	DECUBITUS CARE EQUIPMENT	DRY PRESSURE PAD FOR MATTRESS, STANDARD	X	
E0200	HEAT/COLD APPLICATION	HEAT LAMP,W/O STAND W/BULB OR INFRARED	X	
E0202	HEAT/COLD APPLICATION	PHOTOTHERAPY(BILIRUBIN) LIGHT W/PHOTOMET	X	
E0203	HEAT/COLD APPLICATION	THERAPEUTIC LIGHTBOX,>10,000 LUX TABLET	X	
E0205	HEAT/COLD APPLICATION	HEAT LAMP W/STAND & BULB OR INFRARED	X	
E0210	HEAT/COLD APPLICATION	ELECTRIC HEAT PAD, STD	X	

**FEE SCHEDULE**  
**APRIA HEALTHCARE, INC.**  
**DME, RESPIRATORY THERAPY, NPWT & ENTERAL THERAPY SERVICES**

HCPC	HCPC Category	HCPC Description	Provided	Not Provided
E0215	HEAT/COLD APPLICATION	ELECTRIC HEAT PAD, MOIST	X	
E0217	HEAT/COLD APPLICATION	WATER CIRCULATING HEAT PAD W/PUMP	X	
E0218	HEAT/COLD APPLICATION	WATER CIRCULATING COLD PAD W/PUMP	X	
E0235	HEAT/COLD APPLICATION	PARAFFIN BATH UNIT, PORTABLE (SEEA4265)	X	
E0238	HEAT/COLD APPLICATION	NON-ELECTRIC HEAT PAD, MOIST	X	
E0240	BATH AND TOILET AIDS	BATH/SHOWER CHAIR W/ OR W/O WHEELS, EA	X	
E0241	BATH AND TOILET AIDS	BATH TUB WALL RAIL, EA		X
E0242	BATH AND TOILET AIDS	BATH TUB RAIL, FLOOR BASE		X
E0243	BATH AND TOILET AIDS	TOILET RAIL, EA		X
E0244	BATH AND TOILET AIDS	RAISED TOILET SEAT	X	
E0245	BATH AND TOILET AIDS	TUB STOOL OR BENCH	X	
E0246	BATH AND TOILET AIDS	TRANSFR TUB RAIL ATTACHMENT		X
E0247	BATH AND TOILET AIDS	TRANSFER BENCH FOR TUB OR TOILET	X	
E0248	BATH AND TOILET AIDS	TRANSFER BENCH, HD, W OR W/O COMMODE OPE	X	
E0249	HEAT/COLD APPLICATION	PAD FOR WATER CIRCULATING HEAT UNIT	X	
E0250	HOSPITAL BEDS & ACCESSORIES	HOSP BED W/SIDE RAILS, FIXED W/MATTRESS	X	
E0251	HOSPITAL BEDS & ACCESSORIES	HOSP BED W/SIDE RAILS, FIXED W/O MATT	X	
E0255	HOSPITAL BEDS & ACCESSORIES	HOSP BED W/SIDE RAILS,VAR HT,HI-LO,MATT	X	
E0256	HOSPITAL BEDS & ACCESSORIES	HOSP BED, W/S R VAR HT HI-LO W/O MATT	X	
E0260	HOSPITAL BEDS & ACCESSORIES	HOSP BED, W/SIDE RAILS, SEMI-ELEC, MATT	X	
E0261	HOSPITAL BEDS & ACCESSORIES	HOSP BED, W/S R SEMI-ELECT, W/O MATT	X	
E0265	HOSPITAL BEDS & ACCESSORIES	HOSP BED, TOTAL ELEC, SIDE RAILS, MATT	X	
E0266	HOSPITAL BEDS & ACCESSORIES	HOSP BED W/SIDE RAILS, TOTAL ELEC,NO MAT	X	
E0270	HOSPITAL BEDS & ACCESSORIES	HOSP BED, INST TYPE, OSCILLATING W/MATT		X
E0271	HOSPITAL BEDS & ACCESSORIES	MATTRESS, INNERSPRING	X	
E0272	HOSPITAL BEDS & ACCESSORIES	MATTRESS, FOAM RUBBER	X	
E0273	HOSPITAL BEDS & ACCESSORIES	BED BOARD		X
E0274	HOSPITAL BEDS & ACCESSORIES	OVERBED TABLE	X	
E0275	HOSPITAL BEDS & ACCESSORIES	BED PAN, STANDARD METAL OR PLASTIC	X	
E0276	HOSPITAL BEDS & ACCESSORIES	BED PAN, FRACTURE, METAL OR PLASTIC	X	
E0277	HOSPITAL BEDS & ACCESSORIES	POWER PRESSURE-REDUCING AIR MATTRESS	X	
E0280	HOSPITAL BEDS & ACCESSORIES	BED, CRADLE, ANY TYPE	X	
E0290	HOSPITAL BEDS & ACCESSORIES	HOSP BED;FXD HGT,W/O SIDE RAILS,W/MATTRS	X	
E0291	HOSPITAL BEDS & ACCESSORIES	HOSP BED; FXD HGT, W/O SIDE RAILS/MATTRS	X	
E0292	HOSPITAL BEDS & ACCESSORIES	HOSP BED,VAR HGT,W/O SIDE RAILS,W/MATTRS	X	
E0293	HOSPITAL BEDS & ACCESSORIES	HOSP BED, VAR HGT, W/O SIDE RAILS/MATTRS	X	
E0294	HOSPITAL BEDS & ACCESSORIES	HOSP BED,SEMI-ELECT,W/MATT,W/O SIDE RAIL	X	
E0295	HOSPITAL BEDS & ACCESSORIES	HOSP BED,SEMI-ELECT,W/O MATT/SIDE RAILS	X	
E0296	HOSPITAL BEDS & ACCESSORIES	HOSP BED,TOT-ELECT,W/O SIDE RAILS,W/MATT	X	
E0297	HOSPITAL BEDS & ACCESSORIES	HOSP BED,TOT-ELECT,W/O SIDE RAILS/MATTRS	X	
E0300	HOSPITAL BEDS & ACCESSORIES	PEDIATRIC CRIB, HOSPITAL GRADE, FULLY EN	X	
E0301	HOSPITAL BEDS & ACCESSORIES	HD,XTRA WIDE HOSP BED >350LBS<600L W/O M	X	
E0302	HOSPITAL BEDS & ACCESSORIES	HD, EXTRA WIDE,HOSP BED >600LBS, W/O MAT	X	

**FEE SCHEDULE**  
**APRIA HEALTHCARE, INC.**  
**DME, RESPIRATORY THERAPY, NPWT & ENTERAL THERAPY SERVICES**

HCPC	HCPC Category	HCPC Description	Provided	Not Provided
E0303	HOSPITAL BEDS & ACCESSORIES	HD XTRA WIDE HOSP BED,>350<600LBS W/MATT	X	
E0304	HOSPITAL BEDS & ACCESSORIES	HD XTRA WIDE HOSP BED,>600LBS W/MATT W/R	X	
E0305	HOSPITAL BEDS & ACCESSORIES	BED SIDE RAILS; HALF LENGTH	X	
E0310	HOSPITAL BEDS & ACCESSORIES	BED SIDE RAILS; FULL LENGTH	X	
E0315	HOSPITAL BEDS & ACCESSORIES	BED ACCESS:BOARD/TBL/SPRRT DVCE,ANYTYPE		X
E0316	HOSPITAL BEDS & ACCESSORIES	SAFETY ENCLOSURE FRAME FOR HOSP BED, ANY	X	
E0325	HOSPITAL BEDS & ACCESSORIES	URINAL; MALE, JUG TYPE, ANY MATERIAL	X	
E0326	HOSPITAL BEDS & ACCESSORIES	URINAL; FEMALE, JUG TYPE, ANY MATERIAL	X	
E0350	HOSPITAL BEDS & ACCESSORIES	CONTROL UNIT ELECT BOWEL IRRIG/EVACUATON		X
E0352	HOSPITAL BEDS & ACCESSORIES	DIAPOSABLE PACK USE W ELEC BOWEL IRRIG		X
E0370	HOSPITAL BEDS & ACCESSORIES	AIR PRESSURE ELEVATOR FOR HEEL		X
E0371	HOSPITAL BEDS & ACCESSORIES	NON-PWRD ADVANCE PRESS REDC OVERLAY MATT	X	
E0372	HOSPITAL BEDS & ACCESSORIES	POWERED AIR OVERLAY FOR MATTRESS STD	X	
E0373	HOSPITAL BEDS & ACCESSORIES	NONPWRD ADVANCD PRESSURE REDUCING MATT	X	
E0424 *	OXYGEN & RESPIRATORY EQUIPMENT	STATIONARY COMPRESSED GAS OX SYS;RENTAL	X	
E0425	OXYGEN & RESPIRATORY EQUIPMENT	STATIONARY COMPRESSED GAS SYS;PURCHASE		X
E0430	OXYGEN & RESPIRATORY EQUIPMENT	PORTABLE GASEOUS OXYGEN SYSTEM, PURCHASE		X
E0431 *	OXYGEN & RESPIRATORY EQUIPMENT	PORTABLE GASEOUS OXYGEN SYSTEM; RENTAL	X	
E0434 *	OXYGEN & RESPIRATORY EQUIPMENT	PORTABLE LOX SYSTEM;RENTAL	X	
E0435	OXYGEN & RESPIRATORY EQUIPMENT	PORTABLE LOX SYSTEM;PURCHASE		X
E0439 *	OXYGEN & RESPIRATORY EQUIPMENT	STATIONARY LIQUID OXYGEN SYSTEM;RENTAL	X	
E0440	OXYGEN & RESPIRATORY EQUIPMENT	STATIONARY LIQUID OXYGEN SYSTEM;PURCHASE		X
E0441	OXYGEN & RESPIRATORY EQUIPMENT	OX CONT STAT GAS SALE 1 MONTH'S SUPPLY	X	
E0442	OXYGEN & RESPIRATORY EQUIPMENT	OX CONT STAT LOX SALE 1 MONTH'S SUPPLY	X	
E0443	OXYGEN & RESPIRATORY EQUIPMENT	OX CONTENTS PORT GAS 1 MONTH'S SUPPLY	X	
E0444	OXYGEN & RESPIRATORY EQUIPMENT	OX CONTENTS PORT LOX 1 MONTH'S SUPPLY	X	
E0445	OXYGEN & RESPIRATORY EQUIPMENT	PULSE OXIMETER	X	
E0450	OXYGEN & RESPIRATORY EQUIPMENT	VOLUME VENT STAT/PORT W/INVASIVE INTERFC	X	
E0455	OXYGEN & RESPIRATORY EQUIPMENT	OXY TENT, EXCL CROUP OR PEDIATRIC TENTS	X	
E0457	OXYGEN & RESPIRATORY EQUIPMENT	CHEST SHELL (CUIRASS)	X	
E0459	OXYGEN & RESPIRATORY EQUIPMENT	CHEST WRAP	X	
E0460 *	OXYGEN & RESPIRATORY EQUIPMENT	NEGATIVE PRESSURE VENTILATOR STAT/PORT	X	
E0461 *	OXYGEN & RESPIRATORY EQUIPMENT	VOLUME VENT,USED W/NONINVASIVE INTERFACE	X	
E0462	OXYGEN & RESPIRATORY EQUIPMENT	ROCKING BED WITH OR WITHOUT SIDE RAILS		X
E0463 *	OXYGEN & RESPIRATORY EQUIPMENT	PRESSURE VENT USED W/INVASIVE INTERFACE	X	
E0464 *	OXYGEN & RESPIRATORY EQUIPMENT	PRESSURE VENT USED W/NON-INVASIVE INTERF	X	
E0470	OXYGEN & RESPIRATORY EQUIPMENT	RESPIRATORY ASSIST DEVICE,WITHOUT BACKUP	X	
E0471 *	OXYGEN & RESPIRATORY EQUIPMENT	RESPIRATORY ASSIST DEVICE, BILEVL NONINV	X	



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**APRIA HEALTHCARE, INC.**  
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HCPC	HCPC Category	HCPC Description	Provided	Not Provided
E0472	OXYGEN & RESPIRATORY EQUIPMENT	RESPIRATORY ASSIST DEVICE, BILEVL INVASI	X	
E0480	OXYGEN & RESPIRATORY EQUIPMENT	PERCUSSOR,ELEC/PNEUMATIC, HOME MODEL	X	
E0481	OXYGEN & RESPIRATORY EQUIPMENT	INTRAPULMONARY PERCUSSIVE VENT SYSTEM	X	
E0482	OXYGEN & RESPIRATORY EQUIPMENT	COUGH STIMULATING DEVCE ALTERN. +- PRESS	X	
E0483	OXYGEN & RESPIRATORY EQUIPMENT	CHEST WALL OSCILLATION SYSTEM, HI FREQ		X
E0484	OXYGEN & RESPIRATORY EQUIPMENT	OSCILLATORY POSITIVE EXPIRATORY DEVICE	X	
E0487	OXYGEN & RESPIRATORY EQUIPMENT	SPIROMETER ELECTRONIC, ALL ACCESSORIES	X	
E0500	OXYGEN & RESPIRATORY EQUIPMENT	IPPB MACH W/MNUL/AUTO VALVES;INT/EXT PWR	X	
E0550	OXYGEN & RESPIRATORY EQUIPMENT	HUMIDIFIER FOR EXTENSIVE SUPPL IPPB/OXY	X	
E0555	OXYGEN & RESPIRATORY EQUIPMENT	HUMIDIFIER FOR REGULATOR / FLOWMETER	X	
E0560	OXYGEN & RESPIRATORY EQUIPMENT	HUMIDIFIER FOR SUPPL IPPB/OXY DELIVERY	X	
E0561	OXYGEN & RESPIRATORY EQUIPMENT	NON HEATED HUMIDIFIER, FOR CPAP/RAD	X	
E0562	OXYGEN & RESPIRATORY EQUIPMENT	HEATED HUMIDIFIER, USED WITH CPAP/RAD	X	
E0565	OXYGEN & RESPIRATORY EQUIPMENT	COMPRESSOR, EQUIP NOT SELF-CONTAINED	X	
E0570	OXYGEN & RESPIRATORY EQUIPMENT	NEBULIZER;W/AIR COMPRESSOR	X	
E0571	OXYGEN & RESPIRATORY EQUIPMENT	AEROSOL COMPRESSOR, BATTERY PWRD FOR SVN	X	
E0572	OXYGEN & RESPIRATORY EQUIPMENT	AEROSOL COMPRESSOR,ADJ PRESSURE INTERMTN	X	
E0574	OXYGEN & RESPIRATORY EQUIPMENT	ULTRASONIC GENERATOR FOR ULTRASONIC SVN	X	
E0575	OXYGEN & RESPIRATORY EQUIPMENT	NEBULIZER, ULTRASONIC, LARGE VOLUME	X	
E0580	OXYGEN & RESPIRATORY EQUIPMENT	NEBULIZER, GLASS/AUTOCCLAVE FOR FLOWMETER	X	
E0585	OXYGEN & RESPIRATORY EQUIPMENT	NEBULIZER W/COMPRESSOR & HEATER	X	
E0600	OXYGEN & RESPIRATORY EQUIPMENT	SUCT PMP,HOME MODEL,PORTBLE/STAT ELECTRC	X	
E0601	OXYGEN & RESPIRATORY EQUIPMENT	CONTINUOUS AIRWAY PRESSURE(CPAP) DEVICE	X	
E0602	BREAST PUMPS	BREAST PUMP, MANUAL, ANY KIND		X
E0603	BREAST PUMPS	BREAST PUMP,ELECTRIC(AC &/OR DC)ANY TYPE		X
E0604	BREAST PUMPS	BRST PUMP,HOSP GRD,ELECTRIC ANY TYPE		X
E0605	DURABLE MEDICAL EQUIPMENT	VAPORIZER, ROOM TYPE		X
E0606	DURABLE MEDICAL EQUIPMENT	POSTURAL DRAINAGE BOARD	X	
E0607	DIABETIC SUPPLIES	BLOOD GLUCOSE MONITOR, HOME		X
E0617	MONITORING EQUIPMENT	DEFIBRILLATOR W/ELECTROCARDIO ANALYSIS		X
E0618	MONITORING EQUIPMENT	APNEA MONITOR, W/O RECORDING FEATURE		X
E0619	MONITORING EQUIPMENT	APNEA MONITOR, W/RECORDING DEVICE	X	
E0621	PATIENT LIFTS	SLING OR SEAT, PATIENT LIFT,CANVAS/NYLON	X	
E0625	PATIENT LIFTS	PATIENT LIFT,BATHROOM OR TOILET,NOC	X	
E0627	PATIENT LIFTS	SEATLIFT MECHANISM INCORP W/COM LIFT CHR	X	
E0628	PATIENT LIFTS	SEATLIFT MECHANISM-ELECTRIC,FOR PT-OWN		X
E0629	PATIENT LIFTS	SEATLIFT MECH-NON-ELECTRIC,FOR PT-OWNED		X
E0630	PATIENT LIFTS	PATIENT LIFT;HYDRAULIC INC SEAT,SLING,PD	X	
E0635	PATIENT LIFTS	PATIENT LIFT;ELEC, W/SEAT OR SLING		X
E0636	PATIENT LIFTS	PATIENT LIFT, MULTIPOSITIONAL SUPPORT		X

**FEE SCHEDULE**  
**APRIA HEALTHCARE, INC.**  
**DME, RESPIRATORY THERAPY, NPWT & ENTERAL THERAPY SERVICES**

HCPC	HCPC Category	HCPC Description	Provided	Not Provided
E0637	PATIENT LIFTS	COMBO SIT TO STAND W/SEAT LIFT WHEELS OP		X
E0638	PATIENT LIFTS	STANDING FRAME SYSTEM, W/ OR W/O WHEELS		X
E0639	PATIENT LIFTS	PATIENT LIFT,MOVEABLE,W/ALL ACCESSORIES		X
E0640	PATIENT LIFTS	PATIENT LIFT,FIXED,W/ALL ACCESSORIES		X
E0641	PATIENT LIFTS	STANDING FRAME SYS,MULTI POSITION ANY SZ		X
E0642	PATIENT LIFTS	STANDING FRAME SYS,MOBILE ANY SIZE		X
E0650	PATIENT LIFTS	PNEUMATIC COMPRESSOR;NON-SEGMENTAL-HOME	X	
E0651	LYMPHEDEMA PUMPS & APPLIANCES	PNEUMATIC COMP; W/O CALIB GRADIENT PRESS		X
E0652	LYMPHEDEMA PUMPS & APPLIANCES	PNEUMATIC COMP;W/CALIB GRADIENT PRESS		X
E0656	LYMPHEDEMA PUMPS & APPLIANCES	SEGMENTAL PNEUMATIC APPLIANCE, TRUNK		X
E0657	LYMPHEDEMA PUMPS & APPLIANCES	SEGMENTAL PNEUMATIC APPLIANCE, TRUNK		X
E0660	LYMPHEDEMA PUMPS & APPLIANCES	PNEUMATIC APPL FOR PNEUM COMP;FULL-LEG		X
E0665	LYMPHEDEMA PUMPS & APPLIANCES	PNEUMATIC APPL FOR PNEUM COMP; FULL-ARM		X
E0666	LYMPHEDEMA PUMPS & APPLIANCES	PNEUMATIC APPL FOR PNEUM COMP; HALF-LEG		X
E0667	LYMPHEDEMA PUMPS & APPLIANCES	PNEUMATIC APPL FOR SEG COMPRESSOR;(LEG)		X
E0668	LYMPHEDEMA PUMPS & APPLIANCES	PNEUMATIC APPL FOR SEG COMPRESSOR;(ARM)		X
E0669	LYMPHEDEMA PUMPS & APPLIANCES	PNEUMATIC APPL FOR SEG COMPRESSR(1/2LEG)		X
E0672	LYMPHEDEMA PUMPS & APPLIANCES	SEG GRAD PRESS PNEU APPLIANCE, FULL ARM		X
E0673	LYMPHEDEMA PUMPS & APPLIANCES	SEG GRAD PRESS PNEU APPLIANCE, HALF LEG		X
E0675	LYMPHEDEMA PUMPS & APPLIANCES	INFLAT/DEFLAT CYCLE FOR ARTERIAL INSUFFI		X
E0691	ULTRAVIOLET CABINETS	ULTRAVIOLET LIGHT THERAPY SYSTEM >2SQ FT	X	
E0692	ULTRAVIOLET CABINETS	ULTRAVIOLET LIGTH TERHAPY PANEL 4 FT	X	
E0693	ULTRAVIOLET CABINETS	ULTRAVIOLET LIGHT THERAPY SYSTEM, 6FT	X	
E0694	ULTRAVIOLET CABINETS	ULTRAVIOLET MULTIDIRECTIONAL SYSTEM 6FT	X	
E0700	SAFETY EQUIPMENT	SAFETY EQUIPMENT (BELT, HARNESS OR VEST)	X	
E0705	SAFETY EQUIPMENT	TRANSFER DEVICE, ANY TYPE EACH	X	
E0710	SAFETY EQUIPMENT	RESTRAINTS, ANY TYPE(CHEST,WRIST,ANKLE)		X
E0720	TRANSCUTANEOUS & NEUROMUSCULAR NERVE STIMULATORS	TENS; TWO-LEAD, LOCALIZED STIMULATION	X	
E0730	TRANSCUTANEOUS & NEUROMUSCULAR NERVE STIMULATORS	TENS; FOUR-LEAD, MULTIPLE NERVE STIM	X	
E0731	OTHER STIMULATORS	FORM FIT GARMENT FOR DELIVERY OF TENS	X	
E0744	OTHER STIMULATORS	NEUROMUSCULAR STIMULATOR FOR SCOLIOSIS		X
E0745	OTHER STIMULATORS	NEUROMUSCULAR STIM,ELECTRONIC SHOCK UNIT	X	
E0747	OTHER STIMULATORS	OSTEOGENESIS STIMULATOR,ELEC,NON-INVASVE		X
E0748	OTHER STIMULATORS	OSTEOGENESIS STIM;ELEC,NON-INVASVE,SPINE		X
E0776	INFUSION PUMPS & SUPPLIES	IV POLE	X	
E0779	INFUSION PUMPS & SUPPLIES	AMBULATORY INFUSION PUMP,REUSABLE >=8 HR		X
E0781	INFUSION PUMPS & SUPPLIES	AMBULATORY INFUSION PUMP W/ADMIN EQUIP		X
E0784	DIABETIC SUPPLIES	EXTERNL AMBULATORY INFUSION PUMP,INSULIN		X
E0830	TRACTION & TRAPEZE EQUIPMENT	AMBULATORY TRACTION DEVICE, ALL TYPES,EA		X

**FEE SCHEDULE**  
**APRIA HEALTHCARE, INC.**  
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HCPC	HCPC Category	HCPC Description	Provided	Not Provided
E0840	TRACTION & TRAPEZE EQUIPMENT	TRACTION FRAME,ATT TO HEADBD,CERV TRACTN	X	
E0849	TRACTION & TRAPEZE EQUIPMENT	TRACTION EQUIP, CERVICAL, FREE-STANDING	X	
E0850	TRACTION & TRAPEZE EQUIPMENT	TRACTION STAND,FREE STAND,CERV TRACTION	X	
E0855	TRACTION & TRAPEZE EQUIPMENT	CERVICAL TRACTION EQUIP NOT REQ STAND/FR	X	
E0860	TRACTION & TRAPEZE EQUIPMENT	TRACTION EQUIPMENT, OVERDOOR, CERVICAL	X	
E0870	TRACTION & TRAPEZE EQUIPMENT	TRACTN FRAME,ATTCH TO FTBD,EXTREM TRACTN	X	
E0880	TRACTION & TRAPEZE EQUIPMENT	TRACTION STAND,FREE STAND,EXTRMTY ACTION	X	
E0890	TRACTION & TRAPEZE EQUIPMENT	TRACTION FRAME,ATTCH TO FTBD,PELV TRACTN	X	
E0900	TRACTION & TRAPEZE EQUIPMENT	TRACTION STAND,FREE STAND,PELVIC TRACTN	X	
E0910	TRACTION & TRAPEZE EQUIPMENT	TRAPEZE BARS, ATTCH TO BED,W/GRAB BAR	X	
E0911	TRACTION & TRAPEZE EQUIPMENT	TRAPEZE BAR,HEAVY DUTY,ATTACHED TO BED	X	
E0912	TRACTION & TRAPEZE EQUIPMENT	TRAPEZE BAR,HEAVY DUTY,FREE STANDING	X	
E0920	TRACTION & TRAPEZE EQUIPMENT	FRACTURE FRAME;ATTCH TO BED,INCL WEIGHTS	X	
E0930	TRACTION & TRAPEZE EQUIPMENT	FRACTURE FRAME;FREE STAND,INCLD WEIGHTS	X	
E0935	TRACTION & TRAPEZE EQUIPMENT	PASSIVE MOTION EXERCISE DEVICE,KNEE ONLY		X
E0940	TRACTION & TRAPEZE EQUIPMENT	TRAPEZE BAR, FREE STAND W/GRAB BAR	X	
E0941	TRACTION & TRAPEZE EQUIPMENT	GRAVITY ASSISTED TRACTION DEVICE,ANYTYPE	X	
E0942	TRACTION & TRAPEZE EQUIPMENT	CERVICAL HEAD HARNESS/HALTER	X	
E0944	TRACTION & TRAPEZE EQUIPMENT	PELVIC BELT/HARNESS/BOOT	X	
E0945	TRACTION & TRAPEZE EQUIPMENT	EXTREMITY BELT/HARNESS	X	
E0946	TRACTION & TRAPEZE EQUIPMENT	FRACTURE FRAME;DUAL W/CROSS BARS,ATT BED	X	
E0947	TRACTION & TRAPEZE EQUIPMENT	FRACTURE FRAME;ATT FOR CMLPX PELV TRACTN	X	
E0948	TRACTION & TRAPEZE EQUIPMENT	FRACTURE FRAME;ATT FOR COMPLEX CERV TRAC	X	
E0950	WHEELCHAIR ACCESSORIES	WHEELCHAIR TRAY, EACH	X	
E0951	WHEELCHAIR ACCESSORIES	HEEL LOOP/HOLDER W/ OR W/O ANKLE STRAP	X	
E0952	WHEELCHAIR ACCESSORIES	TOE LOOP/HOLDER, ANY TYPE, EACH	X	
E0955	WHEELCHAIR ACCESSORIES	W/C HEADREST,CUSHIONED,ANY TYPE,W/HDWR		X
E0956	WHEELCHAIR ACCESSORIES	W/C LAT TRUNK/HIP SPRT,ANY TYPE,W/HDWR		X
E0958	WHEELCHAIR ACCESSORIES	MAN W/C ACSSRY, ONE ARM DRIVE ATTACHMENT	X	
E0959	WHEELCHAIR ACCESSORIES	MAN W/C ACSSRY, AMPUTEE ADAPTER, EACH	X	
E0960	WHEELCHAIR ACCESSORIES	W/C SHOULDER OR CHEST HARNESS/STRAPS, EA	X	
E0961	WHEELCHAIR ACCESSORIES	MAN W/C ACSSRY, BRAKE EXTENSION, EACH	X	
E0966	WHEELCHAIR ACCESSORIES	MAN W/C ACSSRY, HEADREST EXTENSION, EACH		X
E0967	WHEELCHAIR ACCESSORIES	MAN W/C ACSSRY, HAND RIM W/PROJ		X
E0968	WHEELCHAIR ACCESSORIES	COMMODE SEAT FOR A WHEELCHAIR		X
E0970	WHEELCHAIR ACCESSORIES	MAN W/C ACSSRY, NO. 2 FOOTPLATES, NO ELR		X
E0971	WHEELCHAIR ACCESSORIES	MAN W/C ACSSRY, ANTI-TIPPING DEVICE,EA	X	

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HCPC	HCPC Category	HCPC Description	Provided	Not Provided
E0973	WHEELCHAIR ACCESSORIES	W/C ACSSRY, ADJ HT DETACH ARMS, COMPLETE	X	
E0974	WHEELCHAIR ACCESSORIES	MAN W/C ACSSRY, ANTI-ROLLBACK DEVICE, EA	X	
E0978	WHEELCHAIR ACCESSORIES	W/C ACSSRY, POS BELT/SAF BELT/PLVC STRAP	X	
E0978	WHEELCHAIR ACCESSORIES	W/C ACSSRY, POS BELT/SAF BELT/PLVC STRAP	X	
E0980	WHEELCHAIR ACCESSORIES	W/C ACSSRY, SAFETY VEST	X	
E0981	WHEELCHAIR ACCESSORIES	W/C SEAT UPHOLSTERY, REPLACEMENT ONLY		X
E0982	WHEELCHAIR ACCESSORIES	W/C BACK UPHOLSTERY, REPLACEMENT ONLY		X
E0983	WHEELCHAIRS	POWER ADD-ON, CONV. MANUAL WC TO PWR JOY		X
E0984	MOTORIZED WHEELCHAIRS	POWER ADD-ON, CONV. MANUAL WC TO POV TILL		X
E0985	WHEELCHAIR ACCESSORIES	W/C ACCESSORY, SEAT LIFT MECHANISM		X
E0986	WHEELCHAIR ACCESSORIES	W/C ACSSRY, PUSH ACTIVATED POWER ASSIST		X
E0990	WHEELCHAIR ACCESSORIES	W/C ACSSRY, ELEVATING LEG REST, EACH	X	
E0992	WHEELCHAIR ACCESSORIES	SOLID SEAT INSERT		X
E0994	WHEELCHAIR ACCESSORIES	ARM REST, EACH		X
E0995	WHEELCHAIR ACCESSORIES	W/C ACSSRY, CALF REST/PAD, EACH		X
E1010	WHEELCHAIR ACCESSORIES	W/C, ADD TO PWR SEAT, POWER LEG ELEV, PAIR		X
E1011	WHEELCHAIR ACCESSORIES	MODIFICATION PED WHEELCHAIR - WIDTH ADJ		X
E1020	WHEELCHAIR ACCESSORIES	RESIDUAL LIMB SUPPORT SYSTEM FOR WC		X
E1028	WHEELCHAIR ACCESSORIES	WC ASSY RETRACTABLE/RMVBLE MOUNT HRDWRE		X
E1029	WHEELCHAIR ACCESSORIES	W/C ACSSRY, VENTILATOR TRAY, FIXED	X	
E1030	WHEELCHAIR ACCESSORIES	W/C ACSSRY, VENTILATOR TRAY, GIMBALED		X
E1031	WHEELCHAIRS	ROLLABOUT CHAIR, W/CASTORS 5" OR GREATER	X	
E1035	WHEELCHAIRS	MULTI-POSITIONL PT TR SYS, INTEGRATED SEAT		X
E1037	WHEELCHAIRS	TRANSPORT CHAIR, PEDIATRIC SIZE		X
E1038	WHEELCHAIRS	TRANSPORT CHAIR, ADULT SZ UP TO 300LBS	X	
E1039	WHEELCHAIRS	TRANSPORT CHAIR, HD ADULT SZ > 300 LBS	X	
E1050	WHEELCHAIRS	FULLY RECLIN WC; FIXED FULL ARM	X	
E1060	WHEELCHAIRS	FULLY RECLIN WC; DETACH ARM	X	
E1070	WHEELCHAIRS	FULLY RECLIN WHEELCH, DETACH ARM/FOOT	X	
E1083	WHEELCHAIRS	HEMI-WC; FIXED ARM, SWING AWAY LEG	X	
E1084	WHEELCHAIRS	HEMI-WC; DETACH ARM, SWING AWAY LEG	X	
E1085	WHEELCHAIRS	HEMI-WC; FIXED ARM, SWING AWAY FOOT	X	
E1086	WHEELCHAIRS	HEMI-WC; DETACH ARM, SWING AWAY FT	X	
E1087	WHEELCHAIRS	HI-STRENGTH LTWT WC; FIX ARM, DET LEG	X	
E1088	WHEELCHAIRS	HI-STRENGTH LTWT WC; DET ARM, DET LEG	X	
E1089	WHEELCHAIRS	HI-STRENGTH LTWT WC; FIX ARM, DET FT	X	
E1090	WHEELCHAIRS	HI-STRENGTH LTWT WC; DET ARM, DET FT	X	
E1092	WHEELCHAIRS	WIDE HD WC, DET ARM; DET ELEV LEGREST	X	
E1093	WHEELCHAIRS	WIDE HD WC, DET ARM; DET FOOTRESTS	X	
E1100	WHEELCHAIRS	SEMI-RECLIN WC; FIX ARM, DET ELEV LEG	X	
E1110	WHEELCHAIRS	SEMI-RECLIN WC; DET ARM, ELEV LEG	X	
E1130	WHEELCHAIRS	STD WC, FIX ARM, FIXED/DET FOOTREST	X	

**FEE SCHEDULE**  
**APRIA HEALTHCARE, INC.**  
**DME, RESPIRATORY THERAPY, NPWT & ENTERAL THERAPY SERVICES**

HCPC	HCPC Category	HCPC Description	Provided	Not Provided
E1140	WHEELCHAIRS	WC,DET ARM, DESK/FULL;DET FOOTRESTS	X	
E1150	WHEELCHAIRS	WC,DET ARM,DESK/FULL;DET ELEV FOOT	X	
E1160	WHEELCHAIRS	WC,FIX ARM, DET ELEV LEG RESTS	X	
E1161	WHEELCHAIRS	MANUAL ADULT WHEELCHAIR, W/TILT IN SPACE		X
E1170	WHEELCHAIRS	AMPUTEE WC;FIX ARM, DET ELEV LEG	X	
E1171	WHEELCHAIRS	AMPUTEE WC;FIX ARM, DET ELEV LEG	X	
E1172	WHEELCHAIRS	AMPUTEE WC;DET ARM W/O FOOT/LEG RST	X	
E1180	WHEELCHAIRS	AMPUTEE WC;DET ARM, DET FOOTREST	X	
E1190	WHEELCHAIRS	AMPUTEE WC;DET ARM, DET ELEV LEG	X	
E1195	WHEELCHAIRS	HD WC, FIX ARM, DET ELEV LEG REST	X	
E1200	WHEELCHAIRS	AMPUTEE WC,FIX ARM, DETACH FOOTREST	X	
E1226	MOTORIZED WHEELCHAIRS	W/C ACSSRY, MAN FULLY RECLINING BACK, EA		X
E1229	MOTORIZED WHEELCHAIRS	WHEELCHAIR, PED SIZE, NOS		X
E1230	MOTORIZED WHEELCHAIRS	POWER OPER VEH(3/4 WHL NON-HWY)SPECS.		X
E1232	MOTORIZED WHEELCHAIRS	WC FOLDING PED, W/TILT IN SPACE W/SEAT		X
E1233	MOTORIZED WHEELCHAIRS	WC RIGID PED, W/TILT IN SPACE W/O SEAT		X
E1234	MOTORIZED WHEELCHAIRS	WC FOLDING PED, W/TILT IN SPACE W/O SEAT		X
E1235	MOTORIZED WHEELCHAIRS	WC RIGID PED, ADJUSTABLE W/SEATING SYSTM		X
E1236	MOTORIZED WHEELCHAIRS	WC FOLDING PED, ADJUSTABLE W/SEATING SYS		X
E1237	MOTORIZED WHEELCHAIRS	WC RIGID PED, ADJUSTABLE W/O SEATING SYS		X
E1238	MOTORIZED WHEELCHAIRS	WC FOLDING PED, ADJUST W/O SEATING SYSTM		X
E1239	MOTORIZED WHEELCHAIRS	WC POWER, PEDIATRIC SIZE		X
E1240	WHEELCHAIRS	LTWT WC, DET ARM, DET ELEV LEG REST	X	
E1250	WHEELCHAIRS	LTWT WC, FIX ARM, DET FOOTREST	X	
E1260	WHEELCHAIRS	LTWT WC, DET ARM, DET FOOTREST	X	
E1270	WHEELCHAIRS	LTWT WC, FIX ARM, DET ELEV LEG REST	X	
E1280	WHEELCHAIRS	HD WC, DET ARM, ELEV LEG RESTS	X	
E1285	WHEELCHAIRS	HD WC, FIX ARM, DET FOOTREST	X	
E1290	WHEELCHAIRS	HD WC, DET ARM, DET FOOTREST	X	
E1295	WHEELCHAIRS	HD WC, FIX ARM, ELEV LEG REST	X	
E1296	CUSTOM WHEELCHAIRS	SPECIAL WHEELCHAIR;SEAT HT FROM FLOOR		X
E1297	CUSTOM WHEELCHAIRS	SPEC WC;SEAT DEPTH, BY UPHOLSTERY		X
E1298	CUSTOM WHEELCHAIRS	SPEC WC;SEAT DEPTH/WIDTH BY CONSTRUCTION		X
E1300	DURABLE MEDICAL EQUIPMENT	WHIRLPOOL, PORTABLE (OVERTUB TYPE)		X
E1310	DURABLE MEDICAL EQUIPMENT	WHIRLPOOL; NON-PORTABLE (BUILT-IN)		X
E1353	OXYGEN & RESPIRATORY EQUIPMENT	REGULATOR	X	
E1354	OXYGEN & RESPIRATORY EQUIPMENT	OXYGEN ,WHEELED CART ANY TYPE REPLACEMENT	X	
E1355	OXYGEN & RESPIRATORY EQUIPMENT	STAND/RACK	X	
E1356	OXYGEN & RESPIRATORY EQUIPMENT	OXYGEN, BATTERY PACK PORT CONCENTRATOR	X	
E1357	OXYGEN & RESPIRATORY EQUIPMENT	OXYGEN, BATTERY CHARGER PORT CONCENT	X	
E1358	OXYGEN & RESPIRATORY EQUIPMENT	OXYGEN, DC POWER ADAPTER PORT CONCENT	X	
E1372	OXYGEN & RESPIRATORY EQUIPMENT	IMMERSION EXT HEATER FOR NEBULIZER	X	

**FEE SCHEDULE**  
**APRIA HEALTHCARE, INC.**  
**DME, RESPIRATORY THERAPY, NPWT & ENTERAL THERAPY SERVICES**

HCPC	HCPC Category	HCPC Description	Provided	Not Provided
E1390 *	OXYGEN & RESPIRATORY EQUIPMENT	OXYGEN CONCENTRATOR	X	
E1391 *	OXYGEN & RESPIRATORY EQUIPMENT	OXYGEN CONCENTRATOR, DUAL DELIVERY PORT	X	
E1399	OXYGEN & RESPIRATORY EQUIPMENT	D.M.E. NOT CLASSIFIED	X	
E1405	OXYGEN & RESPIRATORY EQUIPMENT	OXY AND WATER VAPOR ENRICHING SYS W/HEAT	X	
E1406	OXYGEN & RESPIRATORY EQUIPMENT	OXY & WATER VAPOR ENRICHING SYS W/O HEAT	X	
E1500 – E1699	DIALYSIS ACCESSORIES	DIALYSIS ACCESSORIES		X
E1700 – E2120	DURABLE MEDICAL EQUIPMENT	DURABLE MEDICAL EQUIPMENT		X
E2000	DURABLE MEDICAL EQUIPMENT	GASTRIC SUCTION PUMP, PORT OR STATIONARY	X	
E2100	DIABETIC SUPPLIES	BLOOD GLUCOSE MONITOR W/VOICE SYNTHESZR		X
E2201 – E2599	WHEELCHAIR ACCESSORIES	WHEELCHAIR ACCESSORIES		X
E2201	WHEELCHAIR ACCESSORIES	MAN W/C ACCSRY, SEAT WIDTH =>20 <24 INCH		X
E2202	WHEELCHAIR ACCESSORIES	MAN W/C ACCSRY, SEAT WIDTH =>24 <27 INCH		X
E2203	WHEELCHAIR ACCESSORIES	MAN W/C ACCSRY, SEAT DEPTH =>20 <22 INCH		X
E2204	WHEELCHAIR ACCESSORIES	MAN W/C ACCSRY, SEAT DEPTH =>22 <25 INCH		X
E2205	WHEELCHAIR ACCESSORIES	MAN W/C ACCSRY, HANDRIM W/O PROJECTIONS		X
E2206	WHEELCHAIR ACCESSORIES	MAN W/C ACCSRY, WHEEL LOCK ASSY, COMPLETE		X
E2207	WHEELCHAIR ACCESSORIES	WHEELCHAIR CRUTCH AND CANE HOLDER, EACH	X	
E2208	WHEELCHAIR ACCESSORIES	WHEELCHAIR CYLINDER TANK CARRIER	X	
E2209	WHEELCHAIR ACCESSORIES	WHEELCHAIR ARM TROUGH, W/WO HAND SUPRT EA	X	
E2210	WHEELCHAIR ACCESSORIES	WHEELCHAIR BEARINGS, ANY TYPE REPLACEMENT		X
E2211	WHEELCHAIR ACCESSORIES	WHEELCHAIR TIRE, PNEUMATIC PROPULSION		X
E2212	WHEELCHAIR ACCESSORIES	WHEELCHAIR TUBE FOR PNEUM PROPULSN TIRE		X
E2220	WHEELCHAIR ACCESSORIES	WHEELCHAIR TIRE, SOLID PROPULSION		X
E2221	WHEELCHAIR ACCESSORIES	WHEELCHAIR TIRE, CASTER SOLID		X
E2226	WHEELCHAIR ACCESSORIES	WHEELCHAIR CASTER FORK, REPLACEMENT EA		X
E2311	WHEELCHAIR ACCESSORIES	PWR W/C ACCSRY, ELECTRONIC CONNECTOR/TWO		X
E2324	WHEELCHAIR ACCESSORIES	PWR W/C ACCSRY, CHIN CUP FOR CHIN CONTRL		X
E2340	WHEELCHAIR ACCESSORIES	PWR W/C ACCSRY, SEAT WIDTH 20-23 INCHES		X
E2341	WHEELCHAIR ACCESSORIES	PWR W/C ACCSRY, SEAT WIDTH 24-27 INCHES		X
E2342	WHEELCHAIR ACCESSORIES	PWR W/C ACCSRY, SEAT DEPTH 20 OR 21 INCH		X
E2343	WHEELCHAIR ACCESSORIES	PWR W/C ACCSRY, SEAT DEPTH 22-25 INCHES		X
E2361	WHEELCHAIR ACCESSORIES	PWR W/C ACCSRY, 22 NF SEAL LEAD BATTERY		X
E2363	WHEELCHAIR ACCESSORIES	W/C ACCSRY, GROUP 24 SEALED LEAD BATTERY		X
E2365	WHEELCHAIR ACCESSORIES	PWR W/C ACCSRY, U-1 SEALED LEAD BATTERY		X
E2366	WHEELCHAIR ACCESSORIES	PWR W/C ACCSRY, BATTERY CHARGER SINGLE M		X

**FEE SCHEDULE**  
**APRIA HEALTHCARE, INC.**  
**DME, RESPIRATORY THERAPY, NPWT & ENTERAL THERAPY SERVICES**

HCPC	HCPC Category	HCPC Description	Provided	Not Provided
E2367	WHEELCHAIR ACCESSORIES	PWR W/C ACSSRY, BATTERY CHARGER DUAL MODE		X
E2371	WHEELCHAIR ACCESSORIES	PWR W/C ACSSRY, 27 SEALED LD ACID BATTERY		X
E2374	WHEELCHAIR ACCESSORIES	PWR W/C ACSSRY, HDCHIN CNTRL, JOY NO CONTR		X
E2377	WHEELCHAIR ACCESSORIES	PWR W/C ACSSRY XPAND CONTROL UPGRADE INT		X
E2382	WHEELCHAIR ACCESSORIES	PWR W/C ACSSRY, TUBE PNEU DRVE WHEEL TIRE		X
E2386	WHEELCHAIR ACCESSORIES	PWR W/C ACSSRY, FOAM FILL DRV WHEEL TIRE		X
E2402	NEGATIVE PRESSURE WOUND THERAPY	NEGATIVE PRESSURE WOUND THERAPY PUMP, EA	X	
E2508	WHEELCHAIR ACCESSORIES	SPEECH GNRTNG DVC, SPELLING PHYS CONTACT		X
E2510	WHEELCHAIR ACCESSORIES	SPEECH GNRTNG DVC, W/MULTI METHOD MSG/ACS		X
E2512	WHEELCHAIR ACCESSORIES	SPEECH GNRTNG DVC ACSY, MOUNTING SYSTEM		X
E2601	WHEELCHAIR ACCESSORIES	GENERAL USE WC SEAT CUSHION WTH <22IN	X	
E2602	WHEELCHAIR ACCESSORIES	GENERAL USE WC SEAT CUSHION WTH >=22IN	X	
E2603	WHEELCHAIR ACCESSORIES	SKIN PROT WC SEAT CUSHION WTH <22IN	X	
E2604	WHEELCHAIR ACCESSORIES	SKIN PROT WC SEAT CUSHION WTH >=22IN	X	
E2605	WHEELCHAIR ACCESSORIES	POSITIONING WC SEAT CUSHION WTH <22IN	X	
E2606	WHEELCHAIR ACCESSORIES	POSITIONING WC SEAT CUSHION WTH >=22IN	X	
E2607	WHEELCHAIR ACCESSORIES	SKIN PROT AND POS WC SEAT CUSH WIDTH <22	X	
E2608	WHEELCHAIR ACCESSORIES	SKIN PROT AND POS WC SEAT CUSH WIDTH >=22	X	
E2609	WHEELCHAIR ACCESSORIES	CUSTOM FABRICATED WC SEAT CUSHION, ANY SZ		X
E2611	WHEELCHAIR ACCESSORIES	GENERAL USE WC BACK CUSHION WIDTH <22IN		X
E2613	WHEELCHAIR ACCESSORIES	POS WC BACK CUSHION, POST, WIDTH <22 IN		X
E2615	WHEELCHAIR ACCESSORIES	POS WC BACK CUSHION, POST-LAT, WIDTH <22		X
E2617	WHEELCHAIR ACCESSORIES	CUSTOM FABRICATED WC BACK CUSHION, ANY SZ		X
E2619	WHEELCHAIR ACCESSORIES	REPLACEMENT COVER FOR WC BACK/CUSHION		X
E2620	WHEELCHAIR ACCESSORIES	POS WC BACK CUSHION, PLANAR, WTH <22IN		X
E8001	WHEELCHAIR ACCESSORIES	GAIT TRAINER, PEDIATRIC, UPRIGHT SUPPORT		X
G0333	RESPIRATORY DRUGS	PHARMACY DISP FEE FOR INHAL DGS 30 DAYS	X	
J0170	RESPIRATORY DRUGS	ADRENALIN, EPINEPHRINE, UP TO 1ML, INJEC		X
J1580	RESPIRATORY DRUGS	INJECT, GERMAMYCIN, GENTAMICIN, UP TO 80 MG		X
J2545	RESPIRATORY DRUGS	PENTAMIDINE ISETHIONATE, INH SOL, 300 MG	X	
J7608	RESPIRATORY DRUGS	ACETYLCYSTEINE, INHALATION UD PER GRAM	X	
J7613	RESPIRATORY DRUGS	ALBUTEROL, NON COMP, UNIT DOSE 1MG	X	
J7614	RESPIRATORY DRUGS	LEVALBUTEROL, NON COMP, 0.5MG		X
J7620	RESPIRATORY DRUGS	ALBUTEROL TO 2.5MG & IPRATROPIUM TO 0.5MG	X	
J7626	RESPIRATORY DRUGS	BUDESONIDE, IHL SOL NON COMP UD TO 0.5MG	X	
J7628	RESPIRATORY DRUGS	BITOLTEROL MESYLATE, COMP CONCENT PER MG		X
J7629	RESPIRATORY DRUGS	BITOLTEROL MESYLATE, COMP UD PER MG		X

**FEE SCHEDULE**  
**APRIA HEALTHCARE, INC.**  
**DME, RESPIRATORY THERAPY, NPWT & ENTERAL THERAPY SERVICES**

HCPC	HCPC Category	HCPC Description	Provided	Not Provided
J7631	RESPIRATORY DRUGS	CROMOLYN SODIUM, UNIT DOSE PER 10 MG	X	
J7635	RESPIRATORY DRUGS	ATROPINE, COMPOUNDED CONCENTRATED PER MG		X
J7636	RESPIRATORY DRUGS	ATROPINE, COMPOUNDED UD FORM PER MG		X
J7637	RESPIRATORY DRUGS	DEXAMETHASONE, COMPOUNDED CONC PER MG		X
J7638	RESPIRATORY DRUGS	DEXAMETHASONE, COMPOUNDED UD FORM PER MG		X
J7639	RESPIRATORY DRUGS	DORNASE ALPHA, UNIT DOSE PER MG	X	
J7642	RESPIRATORY DRUGS	GLYCOPYRROLATE, COMPOUNDED CONC PER MG		X
J7644	RESPIRATORY DRUGS	IPRATROPIUM BROMIDE, NON COMPOUND UD MG	X	
J7649	RESPIRATORY DRUGS	ISOETHARINE HCL, NON COMPOUNDED UD PER MG		X
J7669	RESPIRATORY DRUGS	METAPROTERENOL SULFATE, NON COMP UD 10MGS	X	
J7681	RESPIRATORY DRUGS	TERBUTALINE SULFATE, COMP UD PER MG		X
J7682	RESPIRATORY DRUGS	TOBRAMYCIN, NON COMP UD PER 300 MGS	X	
J7683	RESPIRATORY DRUGS	TRIAMCINOLONE, COMPOUNDED CONC PER MG		X
J7684	RESPIRATORY DRUGS	TRIAMCINOLONE, COMP UNIT DOSE PER MG		X
J7699	RESPIRATORY DRUGS	NOC DRUGS INHALATION SOLUTION ADMIN DME		X
K0001	WHEELCHAIRS	STD WHEELCHAIR	X	
K0002	WHEELCHAIRS	STD HEMI (LOW SEAT) WHEELCHAIR	X	
K0003	WHEELCHAIRS	LTWT WHEELCHAIR	X	
K0004	WHEELCHAIRS	HS, LTWT WHEELCHAIR	X	
K0005	WHEELCHAIRS	ULTRALTWT WHEELCHAIR	X	
K0006	WHEELCHAIRS	HD WHEELCHAIR	X	
K0007	WHEELCHAIRS	EXTRA HD WHEELCHAIR	X	
K0009	WHEELCHAIRS	OTHER MAN WHEELCHAIR/BASE		X
K0010	MOTORIZED WHEELCHAIRS & WHEELCHAIR ACCESSORIES	STD WT FRAME MTR/PWR WHEELCHAIR		X
K0011	MOTORIZED WHEELCHAIRS & WHEELCHAIR ACCESSORIES	STD WT FRAME MTR/PWR W/C W/PROG CTL		X
K0015	MOTORIZED WHEELCHAIRS & WHEELCHAIR ACCESSORIES	DET, NON-ADJ HT ARMREST, EA		X
K0017	MOTORIZED WHEELCHAIRS & WHEELCHAIR ACCESSORIES	DET, ADJ HT ARMREST; BASE, EA		X
K0018	MOTORIZED WHEELCHAIRS & WHEELCHAIR ACCESSORIES	DET, ADJ HT ARMREST; UPPER PORTION, EA		X
K0019	MOTORIZED WHEELCHAIRS & WHEELCHAIR ACCESSORIES	ARM PAD, EA		X
K0038	MOTORIZED WHEELCHAIRS & WHEELCHAIR ACCESSORIES	LEG STRAP, EA		X
K0039	MOTORIZED WHEELCHAIRS & WHEELCHAIR ACCESSORIES	LEG STRAP, H STYLE, EA		X
K0042	MOTORIZED WHEELCHAIRS & WHEELCHAIR ACCESSORIES	STD SIZE FOOTPLATE, EA		X
K0045	MOTORIZED WHEELCHAIRS & WHEELCHAIR ACCESSORIES	FOOTREST, COMPLETE ASSEMBLY		X



**FEE SCHEDULE**  
**APRIA HEALTHCARE, INC.**  
**DME, RESPIRATORY THERAPY, NPWT & ENTERAL THERAPY SERVICES**

HCPC	HCPC Category	HCPC Description	Provided	Not Provided
K0052	MOTORIZED WHEELCHAIRS & WHEELCHAIR ACCESSORIES	SWINGAWAY,DETACH FOOTRESTS,EA		X
K0065	MOTORIZED WHEELCHAIRS & WHEELCHAIR ACCESSORIES	SPOKE PROTECTORS		X
K0069	MOTORIZED WHEELCHAIRS & WHEELCHAIR ACCESSORIES	REAR WHEEL ASSY,COMP;W/SLD TIRE.SP/M,EA		X
K0070	MOTORIZED WHEELCHAIRS & WHEELCHAIR ACCESSORIES	REAR WHEEL ASSY,COMP;W/PNEU TIR,SP/M,EA		X
K0071	MOTORIZED WHEELCHAIRS & WHEELCHAIR ACCESSORIES	FRONT CASTER ASSY,COMP;W/PNEU TIR,EA		X
K0072	MOTORIZED WHEELCHAIRS & WHEELCHAIR ACCESSORIES	FRONT CASTER ASSY,COMP;W/S-PNEU TIRE,EA		X
K0077	MOTORIZED WHEELCHAIRS & WHEELCHAIR ACCESSORIES	FRONT CASTER ASSY,COMP,W/SOL TIRE,EA		X
K0105	MOTORIZED WHEELCHAIRS & WHEELCHAIR ACCESSORIES	IV HANGER,EA	X	
K0108	MOTORIZED WHEELCHAIRS & WHEELCHAIR ACCESSORIES	WC COMPONENT/ACCESSORY,NOT OTHERWSE SPEC	X	
K0195	WHEELCHAIR ACCESSORIES	ELEVATING LEG RESTS, PAIR	X	
K0415 – K0669	MISCELLANEOUS	MISCELLANEOUS		X
K0462	WHEELCHAIR ACCESSORIES	TEMPORARY REPLACEMENT FOR PT OWNED EQPMT		X
K0669	WHEELCHAIR ACCESSORIES	WC SEAT/BACK CUSHION,NO CODE BY SADMERC	X	
K0733	WHEELCHAIR ACCESSORIES	PWR W/C ACSSRY,12-24 AMP HR LEAD BATTERY		X
K0734	WHEELCHAIR ACCESSORIES	SKIN PROT WC SEAT CUSH WIDTH <22,ADJ	X	
K0735	WHEELCHAIR ACCESSORIES	SKIN PROT WC SEAT CUSH WIDTH >22IN ADJ	X	
K0736	WHEELCHAIR ACCESSORIES	SKIN PROT AND POS WC SEAT CUSH WIDTH <22	X	
K0737	WHEELCHAIR ACCESSORIES	SKIN PROT AND POS WC SEAT CUSH WIDTH >22	X	
K0738 *	OXYGEN & RESPIRATORY EQUIPMENT	PORT GAS O2 SYS,RENTAL;HOME COMPRESSOR	X	
K0739	DURABLE MEDICAL EQUIPMENT	REPAIR/SVC DME NON-OXYGEN EQUIPMENT/15M	X	
K0740	OXYGEN & RESPIRATORY EQUIPMENT	REPAIR/SVC OXYGEN EQUIPMENT/15M	X	
K0800	MOTORIZED WHEELCHAIRS & WHEELCHAIR ACCESSORIES	POWER OPER VEH,GRP 1,STD WEIGHT 300LBS		X
K0801	MOTORIZED WHEELCHAIRS & WHEELCHAIR ACCESSORIES	POWER OPER VEH,GRP 1,HD 301 TO 450LBS		X
K0802	MOTORIZED WHEELCHAIRS & WHEELCHAIR ACCESSORIES	POWER OPER VEH,GRP 1,VHD 451 TO 600LBS		X
K0806	MOTORIZED WHEELCHAIRS & WHEELCHAIR ACCESSORIES	POWER OPER VEH,GRP 2,STD WEIGHT 300LB		X
K0807	MOTORIZED WHEELCHAIRS & WHEELCHAIR ACCESSORIES	POWER OPER VEH,GRP 2,HD 301 TO 450LBS		X
K0808	MOTORIZED WHEELCHAIRS & WHEELCHAIR ACCESSORIES	POWER OPER VEH,GRP 2,VHD 451 TO 600LBS		X
K0812	MOTORIZED WHEELCHAIRS & WHEELCHAIR ACCESSORIES	POWER OPER VEH,NOT OTHERWISE CLASSIFIED		X
K0813	MOTORIZED WHEELCHAIRS & WHEELCHAIR ACCESSORIES	PWR WCHR,GRP 1,STD,PORT,SEAT/BACK 300LBS		X
K0814	MOTORIZED WHEELCHAIRS & WHEELCHAIR ACCESSORIES	PWR WCHR,GRP 1,STD,PORT,CAP CHR 300LBS		X

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**APRIA HEALTHCARE, INC.**  
**DME, RESPIRATORY THERAPY, NPWT & ENTERAL THERAPY SERVICES**

HCPC	HCPC Category	HCPC Description	Provided	Not Provided
K0815	MOTORIZED WHEELCHAIRS & WHEELCHAIR ACCESSORIES	PWR WCHR,GRP 1,STD,SLD SEAT/BACK 300LBS		X
K0816	MOTORIZED WHEELCHAIRS & WHEELCHAIR ACCESSORIES	PWR WCHR,GRP 1,STD,CAP CHR TO 300LBS		X
K0820	MOTORIZED WHEELCHAIRS & WHEELCHAIR ACCESSORIES	PWR WCHR,GRP 2,STD,PORT,SEAT/BACK 300LBS		X
K0821	MOTORIZED WHEELCHAIRS & WHEELCHAIR ACCESSORIES	PWR WCHR,GRP 2,STD,PORT,CAP CHR 300LBS		X
K0822	MOTORIZED WHEELCHAIRS & WHEELCHAIR ACCESSORIES	PWR WCHR,GRP 2,STD,SLD SEAT/BACK 300LBS		X
K0823	MOTORIZED WHEELCHAIRS & WHEELCHAIR ACCESSORIES	PWR WCHR,GRP 2,STD,CAP CHR TO 300LBS		X
K0824	MOTORIZED WHEELCHAIRS & WHEELCHAIR ACCESSORIES	PWR WCHR,GRP 2,HD,SLD SEAT/BACK 301-450		X
K0825	MOTORIZED WHEELCHAIRS & WHEELCHAIR ACCESSORIES	PWR WCHR,GRP 2,HD,CAP CHR 301-450 LBS		X
K0826	MOTORIZED WHEELCHAIRS & WHEELCHAIR ACCESSORIES	PWR WCHR,GRP 2,VHD,SLD SEAT/BACK 451-600		X
K0827	MOTORIZED WHEELCHAIRS & WHEELCHAIR ACCESSORIES	PWR WCHR,GRP 2,VHD,CAP CHR TO 451-600LBS		X
K0828	MOTORIZED WHEELCHAIRS & WHEELCHAIR ACCESSORIES	PWR WCHR,GRP 2,XHD,SLD SEAT/BACK 601LB+		X
K0830	MOTORIZED WHEELCHAIRS & WHEELCHAIR ACCESSORIES	PWR WCHR,GRP 2,STD,SEAT ELEVATE S/B 300		X
K0831	MOTORIZED WHEELCHAIRS & WHEELCHAIR ACCESSORIES	PWR WCHR,GRP 2,STD,SEAT ELEVATE CAP 300		X
K0848	MOTORIZED WHEELCHAIRS & WHEELCHAIR ACCESSORIES	PWR WHCR,GRP 3,STD,SEAT/BACK TO 300LBS		X
K0849	MOTORIZED WHEELCHAIRS & WHEELCHAIR ACCESSORIES	PWR WHCR,GRP 3,STD,CAPT CHAIR TO 300LBS		X
K0850	MOTORIZED WHEELCHAIRS & WHEELCHAIR ACCESSORIES	PWR WHCR,GRP 3,HD,SEAT/BACK 301-450LBS		X
K0851	MOTORIZED WHEELCHAIRS & WHEELCHAIR ACCESSORIES	PWR WHCR,GRP 3,HD,CAPT CHAIR 301-450LBS		X
K0852	MOTORIZED WHEELCHAIRS & WHEELCHAIR ACCESSORIES	PWR WHCR,GRP 3,VHD,SEAT/BACK 451-600LBS		X
K0853	MOTORIZED WHEELCHAIRS & WHEELCHAIR ACCESSORIES	PWR WHCR,GRP 3,VHD,CAPT CHAIR 451-600LBS		X
K0854	MOTORIZED WHEELCHAIRS & WHEELCHAIR ACCESSORIES	PWR WHCR,GRP 3,XHD,SEAT/BACK 601LBS+		X
K0855	MOTORIZED WHEELCHAIRS & WHEELCHAIR ACCESSORIES	PWR WHCR,GRP 3,XHD,CAPT CHAIR 601LBS+		X
K0856	MOTORIZED WHEELCHAIRS & WHEELCHAIR ACCESSORIES	PWR WHCR,GRP 3,STD,SING POW OPT S/B 300		X
K0898	MOTORIZED WHEELCHAIRS & WHEELCHAIR ACCESSORIES	POWER WHCR,NOT OTHERWISE CLASSIFIED		X
K0899	MOTORIZED WHEELCHAIRS & WHEELCHAIR ACCESSORIES	POWER MOBILITY DEV,NOT CODED BY SADMERC		X
L0100 – L9900	ORTHOTICS & PROSTHETICS	ORTHOTICS & PROSTHETICS		X
L0120	ORTHOTICS & PROSTHETICS	CERV,FLEXIBLE;NON-ADJUSTBLE COLLAR FOAM		X
L0172	ORTHOTICS & PROSTHETICS	CERV COLLAR;SEMI-RIGID,THERMOPLSTC FOAM		X
L0625	ORTHOTICS & PROSTHETICS	LUMBAR ORTHOSIS,FLEX,POSTERIOR,PREFAB		X

**FEE SCHEDULE**  
**APRIA HEALTHCARE, INC.**  
**DME, RESPIRATORY THERAPY, NPWT & ENTERAL THERAPY SERVICES**

HCPC	HCPC Category	HCPC Description	Provided	Not Provided
L0630	ORTHOTICS & PROSTHETICS	LSO,RIGID,POSTERIOR,PREFAB		X
L0633	ORTHOTICS & PROSTHETICS	LSO,RIGID,POSTERIOR,PREFAB		X
L0637	ORTHOTICS & PROSTHETICS	LSO,RIGID,POS/ANT,PREFAB		X
L0974	ORTHOTICS & PROSTHETICS	TLSO, FULL CORSET		X
L1499	ORTHOTICS & PROSTHETICS	SPINAL ORTHOSIS, NOS		X
L1810	ORTHOTICS & PROSTHETICS	KO;ELASTIC WITH JOINTS,PREFAB,W/FIT/ADJS		X
L1820	ORTHOTICS & PROSTHETICS	KO;ELASTIC W/CONDYLAR PADS AND JOINTS		X
L1830	ORTHOTICS & PROSTHETICS	KO;IMMOBILIZER,CANVAS LONGITUDINAL,PREFB		X
L1831	ORTHOTICS & PROSTHETICS	KNE ORTHOSIS, LOCKING JOINT, PREFAB		X
L1832	ORTHOTICS & PROSTHETICS	KO;ADJSTBL KNEE JTS POSTN ORTHOSIS,RIGID		X
L1845	ORTHOTICS & PROSTHETICS	KO;DOUBLE UPRIGHT, THIGH/CALF, W/ADJ FLEX		X
L1902	ORTHOTICS & PROSTHETICS	AFO;ANKLE GAUNTLET,PREFAB,W/FITNG/ADJST		X
L1906	ORTHOTICS & PROSTHETICS	AFO;MULTILIGAMENTUS ANKLE SUPPORT,PREFAB		X
L1930	ORTHOTICS & PROSTHETICS	AFO,PLASTIC OR OTHER MATERIAL,PREFAB		X
L2425	ORTHOTICS & PROSTHETICS	ADD KNEEJNT;DISC/DIAL LOCK,ADJKNEFLEX		X
L2795	ORTHOTICS & PROSTHETICS	ADDLOWEXT ORTH;KNEE CNTRL,FULL KNEECAP		X
L2999	ORTHOTICS & PROSTHETICS	LOWER EXTREMITY ORTHOSIS, NOS		X
L3260	ORTHOTICS & PROSTHETICS	AMBULATORY SURGICAL BOOT EA		X
L3660	ORTHOTICS & PROSTHETICS	SO;FIGURE 8 DESIGN ABDUCTION RESTRAINER		X
L3670	ORTHOTICS & PROSTHETICS	SO; ACROMIO/CLAVICULAR,PREFAB,FIT/ADJST		X
L3807	ORTHOTICS & PROSTHETICS	WHFO; EXTENS ASSIST W/INFL PALMER AIR SU		X
L3908	ORTHOTICS & PROSTHETICS	WHFO, WRIST EXTENSION NON MOLDED		X
L3915	ORTHOTICS & PROSTHETICS	WHFO;>1 NONTORSION JOINTS,TURNBUCKLES		X
L3923	ORTHOTICS & PROSTHETICS	HFO,W/OUT JTS,PREFAB,FITTING/ADJSTMT,ANY		X
L3929	ORTHOTICS & PROSTHETICS	HFO,FINGER INC NONTORSION JOINT(S),TBUCK		X
L3931	ORTHOTICS & PROSTHETICS	WHFO, FINGER ORTH. INC NONTORSION JOINTS		X
L3962	ORTHOTICS & PROSTHETICS	SEWHO;ABDUCTION POSITIONING,ERBS PASLEY		X
L3964	ORTHOTICS & PROSTHETICS	SEO, W/C MOB. ARM SUPPORT, BALANCED, ADJ		X
L3999	ORTHOTICS & PROSTHETICS	UPPER LIMB ORTHOSIS, NOS		X
L4350	ORTHOTICS & PROSTHETICS	ANKLE CONTROL ORTHOSIS, STIRRUP, RIGID		X
L4360	ORTHOTICS & PROSTHETICS	PNEUMATIC WALKING SPLINT E.G. AIRCAST		X
L4386	ORTHOTICS & PROSTHETICS	WALKING BOOT, NONPNEUMATIC, PREFAB		X
L4396	ORTHOTICS & PROSTHETICS	STATIC AFO, INCLDING SOFT INTERFACE MATE		X
L4398	ORTHOTICS & PROSTHETICS	FOOT DROP SPLINT, RECUMBENT POSITION DEV		X
L7900	ORTHOTICS & PROSTHETICS	VACUUM ERECTION SYSTEM	X	
L8000	ORTHOTICS & PROSTHETICS	BREAST PROSTHESIS; MASTECTOMY BRA		X
L8001	ORTHOTICS & PROSTHETICS	BREAST PROSTHESIS, MAST.BRA UNILAT W/BRE		X
L8010	ORTHOTICS & PROSTHETICS	BREAST PROSTHESIS, MASTECTOMY SLEEVE		X
L8015	ORTHOTICS & PROSTHETICS	EXT BREAST PROST GARMENT,POST MASTECTOMY		X
L8020	ORTHOTICS & PROSTHETICS	BREAST PROSTHESIS; MASTECTOMY FORM		X
L8030	ORTHOTICS & PROSTHETICS	BREAST PROSTHESIS; SILICONE OR =		X

**FEE SCHEDULE**  
**APRIA HEALTHCARE, INC.**  
**DME, RESPIRATORY THERAPY, NPWT & ENTERAL THERAPY SERVICES**

HCPC	HCPC Category	HCPC Description	Provided	Not Provided
L8031	ORTHOTICS & PROSTHETICS	BREAST PROSTHESIS, SILICONE, ADHESIVE		X
L8300	ORTHOTICS & PROSTHETICS	TRUSS; SINGLE W/STANDARD PAD		X
L8310	ORTHOTICS & PROSTHETICS	TRUSS; DOUBLE WITH STANDARD PADS		X
L8320	ORTHOTICS & PROSTHETICS	TRUSS; ADDITION TO STD PAD, WATER PAD		X
L8460	ORTHOTICS & PROSTHETICS	PROSTHETIC SHRINKER; ABOVE KNEE, EACH		X
L8499	ORTHOTICS & PROSTHETICS	UNLISTED PROC. FOR MISC. PROSTHETIC DEV.		X
L8500	ORTHOTICS & PROSTHETICS	ARTIFICIAL LARYNX, ANY TYPE		X
L8501	ORTHOTICS & PROSTHETICS	TRACHEOSTOMY SPEAKING VALVE		X
L8507	ORTHOTICS & PROSTHETICS	T-E VOICE PROSTHESIS, PATIENT INSERTION		X
L8509	ORTHOTICS & PROSTHETICS	T-E VOICE PROSTHESIS, INSERT BY HEALTHCR		X
L8510	ORTHOTICS & PROSTHETICS	VOICE AMPLIFIER		X
L8511	ORTHOTICS & PROSTHETICS	TRACH-ESO PROSTH INDWELLING INSERT		X
L8513	ORTHOTICS & PROSTHETICS	TRACH-ESO PROSTH CLEANING DEVICE		X
L8514	ORTHOTICS & PROSTHETICS	TRACH-ESO PUNCTURE DILATOR, REPLACEMENT		X
L9900	ORTHOTICS & PROSTHETICS	ORTHOTIC & PROSTHETIC SUPPLY, COMPONENT		X
Q0505	SUPPLIES	VENTRICULAR ASSIST DEVICE,MISC SUPPLY		X
S8097	OXYGEN & RESPIRATORY SUPPLIES	ASTHMA KIT (INCLUDES PEAK FLOW METER)	X	
S8100	OXYGEN & RESPIRATORY SUPPLIES	HOLDING CHAMBER OR SPACER W/O MASK		X
S8101	OXYGEN & RESPIRATORY SUPPLIES	HOLDING CHAMBER OR SPACER WITH MASK		X
S8120	OXYGEN & RESPIRATORY SUPPLIES	O2 CONTENTS, GASEOUS 1 UNIT = 1 CUBIC FT	X	
S8121	OXYGEN & RESPIRATORY SUPPLIES	O2 CONTENTS, LIQUID, 1 UNIT = 1 POUND	X	
S8185	OXYGEN & RESPIRATORY SUPPLIES	FLUTTER DEVICE		X
S8186	OXYGEN & RESPIRATORY SUPPLIES	SWIVEL ADAPTER	X	
S8189	OXYGEN & RESPIRATORY SUPPLIES	TRACHEOSTOMY SUPPLY, NOC		X
S8190 – S8490	DURABLE MEDICAL EQUIPMENT	DURABLE MEDICAL EQUIPMENT		X
S8210	DURABLE MEDICAL EQUIPMENT	MUCUS TRAP		X
S8422	DURABLE MEDICAL EQUIPMENT	GRAD PRESSURE AID;SLEEVE, CUST,MEDIUM WT		X
S8423	DURABLE MEDICAL EQUIPMENT	GRAD PRESSURE AID;SLEEVE, CUST HEAVY WT		X
S8424	DURABLE MEDICAL EQUIPMENT	GRAD PRESSURE AID; SLEEVE, READY MADE		X
S8425	DURABLE MEDICAL EQUIPMENT	GRAD PRESSURE AID, GLOVE, CUST MEDIUM WT		X
S8426	DURABLE MEDICAL EQUIPMENT	GRAD PRESSURE AID; GLOVE, CUST HEAVY WT		X
S8427	DURABLE MEDICAL EQUIPMENT	GRAD PRESSURE AID; GLOVE, READY MADE		X
S8428	DURABLE MEDICAL EQUIPMENT	GRAD PRESSURE AID; GAUNTLET, READY MADE		X
S8490	DIABETIC SUPPLIES	INSULIN SYRINGES (100 SYRINGES,ANY SIZE)		X
S8999	OXYGEN & RESPIRATORY SUPPLIES	RESUSCITATION BAG	X	
S9381	MISCELLANEOUS	DELIVERY/HIGH RISK AREA REQUIRING ESCORT	X	
S9441	MISCELLANEOUS	ASTHMA EDUCATION, NON-PHYSICIAN PROVIDER		X
S9445	MISCELLANEOUS	PATIENT EDUCATION,NOC,NON-PHYSICIAN PROV		X
S9470	ENTERAL NUTRITION	NUTRITIONAL COUSELING, DIETITIAN VISIT	X	
T4521	INCONTINENCE SUPPLIES	ADULT BRIEF/DIAPER, SMALL, EACH		X

**FEE SCHEDULE**  
**APRIA HEALTHCARE, INC.**  
**DME, RESPIRATORY THERAPY, NPWT & ENTERAL THERAPY SERVICES**

HCPC	HCPC Category	HCPC Description	Provided	Not Provided
T4522	INCONTINENCE SUPPLIES	ADULT BRIEF/DIAPER, MEDIUM, EACH		X
T4523	INCONTINENCE SUPPLIES	ADULT BRIEF/DIAPER, LARGE, EACH		X
T4524	INCONTINENCE SUPPLIES	ADULT BRIEF/DIAPER, EXTRA LARGE, EACH		X
T4525	INCONTINENCE SUPPLIES	ADULT PROTECTIVE UNDERWEAR/PULLON, SMALL		X
T4526	INCONTINENCE SUPPLIES	ADULT PROTECTIVE UNDERWEAR/PULLON, MED		X
T4527	INCONTINENCE SUPPLIES	ADULT PROTECTIVE UNDERWEAR/PULLON, LRGE		X
T4528	INCONTINENCE SUPPLIES	ADULT PROTECTIVE UNDERWEAR/PULLON,X-LRGE		X
T4529	INCONTINENCE SUPPLIES	PED BRIEF/DIAPER, SMALL/MEDIUM,EACH		X
T4530	INCONTINENCE SUPPLIES	PED BRIEF/DIAPER, LARGE, EACH		X
T4533	INCONTINENCE SUPPLIES	YOUTH BRIEF/DIAPER, EACH		X
T4534	INCONTINENCE SUPPLIES	YOUTH PROTECTIVE UNDERWEAR/PULLON, EACH		X
T4535	INCONTINENCE SUPPLIES	DISP LINER/SHIELD/GUARD/PAD/UNDERGARMENT		X
T4537	INCONTINENCE SUPPLIES	PROTECTIVE UNDERPAD, REUSABLE, BED SIZE		X
T4539	INCONTINENCE SUPPLIES	DIAPER/BRIEF, REUSABLE, ANY SIZE, EACH		X
T4541	INCONTINENCE SUPPLIES	DISPOSABLE UNDERPAD, LARGE, EACH		X

## \* Rental items only

## NEGATIVE PRESSURE WOUND THERAPY (NPWT)

E2402	Negative pressure wound therapy electrical pump, stationary or portable. Including all related supplies [per day]	\$102.74 per day	X	
A6550	Wound care set, for negative pressure wound therapy electrical pump, includes all supplies and accessories [maximum of 15 dressing kits per wound per month]	Included in rental	X	
A7000	Canister, disposable, used with suction pump, each [maximum of 10 canister sets per month]	Included in rental	X	

## ENTERAL THERAPY

NDC	All Drugs	AWP - 17%	X	
S9340	All Routes of Administration (not otherwise classified)	\$15.00	X	
S9343	Bolus	\$15.00	X	
S9341	Gravity	\$15.00	X	
S9342	Pump	\$18.00	X	
B4087	Enteral Gastronomy Tube	100% of CMS PEN Allowable	X	
B4088	G/J Tubes or MIC replaceable G-Tube	100% of CMS PEN Allowable	X	
B4082 & B4081	NG Tubes	100% of CMS PEN Allowable	X	
B9998	Digestive Tract Access Devices (I.e. Mic-Key Button, etc.)	100% of CMS PEN Allowable	X	

**FEE SCHEDULE**  
**APRIA HEALTHCARE, INC.**  
**DME, RESPIRATORY THERAPY, NPWT & ENTERAL THERAPY SERVICES**

HCPC	HCPC Category	HCPC Description	Provided	Not Provided
<p style="text-align: center;">Included in the per diem rate for Enteral Nutrition:</p> <p>Administrative services, professional pharmacy services (Diluents, Solution, Heparin, Saline, Sterile Water, etc.), care coordination, all necessary supplies and equipment (enteral formula, digestive tract access devices and nursing visits coded separately).</p>				

Unless otherwise expressly provided, prices stated herein do not include duties or sales, use, gross receipts, excise, privilege or similar taxes and, accordingly, in addition to the price stated herein, the amount of any such present or future taxes or increases therein applicable to the goods covered by this Agreement, shall be added to the price and paid by the COUNTY or in lieu thereof, COUNTY shall provide CONTRACTOR with tax-exemption certificates acceptable to the relevant taxing authorities. CONTRACTOR shall bill COUNTY for all such taxes according to HCPC S9999"

**NOTES**

- (1) CONTRACTOR reserves the right to discontinue or withdraw any specific manufacturer product without notice or further obligation. In the event of a temporary suspension of product distribution, CONTRACTOR further reserves the right, at CONTRACTOR's discretion, to substitute a product of comparable functionality for that which is listed in this Exhibit.
- (2) For certain items, patient may pick up the item at the local CONTRACTOR branch or, in those instances in which no patient instruction is needed, CONTRACTOR may ship the item via U.P.S. or similar carrier.
- (3) Rental Equipment is not subject to cap: COUNTY agrees to pay the monthly rental charge for all items rented under this Agreement for the entire period of time that the item is rented. The parties agree that the rental payments for any item under this Agreement will not be capped or reduced at any time.
- (4) Option to Purchase Rental Equipment: If CONTRACTOR agrees to sell an item of rental equipment, COUNTY may purchase the actual piece of equipment being rented at any time after the first one-month rental cycle at the purchase price listed above minus a credit equal to one month's rental charge. Subject to payment of the purchase price and all accrued rental charges, ownership of or "title to" the item shall transfer to COUNTY on the first day of the next rental cycle beginning after CONTRACTOR receives notice that COUNTY is exercising the purchase right. All unpaid rental charges accruing prior to the date of transfer shall still be due and owing by COUNTY. If the purchase price and outstanding rental charges are not paid within sixty (60) days after the date of transfer, CONTRACTOR may, at its sole option, reverse the transfer, in which event COUNTY shall be responsible for rental charges as if the purchase right had never been exercised, and no further purchase right shall apply with respect to the item of equipment in question. In the event of a purchase, COUNTY shall become and thereafter remain responsible for all care for the patient utilizing the equipment, including repair and maintenance of the equipment, responding in emergency situations and meeting all the patient's clinical needs. Any transferable manufacturer's warranty shall be transferred by CONTRACTOR to COUNTY, but the transfer shall otherwise be without warranty or representation of any nature, warranties of merchantability and fitness for a particular purpose, as well as any other implied warranties, having been expressly disclaimed hereby. COUNTY agrees that it shall indemnify and hold harmless CONTRACTOR from any and all claims arising in connection with any rental equipment purchased by COUNTY.
- (5) Gaseous/liquid oxygen systems (including HCPCs E0424, E0431, E0431QH, E0434, E0434QH, E0439 and E0439QG, E1390, E0450, E0450TW, E0460, E0461, E0463, E0463TW, E0464, E0464TW, E0471 and E0472) are continuous rental items only and cannot be rent-to-cap or purchased.
- (6) Replacement Equipment: When CONTRACTOR provides replacement equipment for equipment that has been purchased by COUNTY, COUNTY shall compensate CONTRACTOR for such replacement equipment, in accordance with this Exhibit, an amount equal to one month's rental charge for each complete or partial month the replacement equipment is provided.

**FEE SCHEDULE  
APRIA HEALTHCARE, INC.  
DME, RESPIRATORY THERAPY, NPWT & ENTERAL THERAPY SERVICES**

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- (7) Upon the purchase of any equipment from CONTRACTOR, CONTRACTOR shall be deemed to have transferred to COUNTY the benefits of all warranties supplied by the manufacturer of the equipment that may be in existence at the time of said purchase. CONTRACTOR expressly disclaims all other warranties of any nature, including, but not limited to, express or implied warranties of merchantability or fitness for a particular purpose. CONTRACTOR shall not in any way, under any warranty, be liable to COUNTY for consequential or incidental damages and expenses to person or property.
- (8) CPAP (HCPC E0601) rentals will convert to sale after the second month of rental. CONTRACTOR will apply two (2) months' rental payment towards the purchase price of the CPAP. Notwithstanding the foregoing, if Medicare is the patient's primary payor, Medicare guidelines and regulations will control with respect to rental caps on CPAP rentals/purchases. CPAP pricing is based upon one CPAP patient set-up visit at the CONTRACTOR branch clinic, and one CPAP patient follow-up visit at the CONTRACTOR branch clinic. Respiratory therapists' visits in the home for the purpose of CPAP set-up shall be billed in accordance with the charges listed above.
- (9) Nebulizers (HCPC E0570) are sale items only. However, if Medicare is the patient's primary payor, Medicare guidelines and regulations will control with respect to rental of nebulizers and rental caps on nebulizer rentals/purchases.
- (10) If a patient is prescribed a ventilator that is for use in excess of twelve (12) hours per day or if a patient cannot breathe independently for four (4) consecutive hours, then that patient will be provided with a "back-up" system that is selected by COUNTY and approved by the patient's physician. COUNTY agrees to pay CONTRACTOR, in addition to the monthly rental charge for the primary ventilator, an additional charge (in accordance with the charges listed above) for the "back-up" system (HCPC E0450TW, E0463TW or E0464TW).
- (11) A fee of \$90.00 per visit (up to 2 hours) will be charged for all non-routine respiratory therapy visits requested. Non-routine visits are visits provided in accordance with a physician's plan of care and include, but are not limited to, the following: pulse oximetry testing unless included in CONTRACTOR's standard of care or included as a covered service in this Agreement, and patient evaluation for an oxygen conserving device and assessments.
- (12) Rates for Respiratory Therapist visits (CPT 99503) listed in this Exhibit shall be in effect for this Agreement.

**FEE SCHEDULE  
APRIA HEALTHCARE, INC.  
INFUSION THERAPY SERVICES**

Description	Procedure Code	Reimbursement Fee
<b>Disposable Infusion Devices</b>		
Elastomeric (e.g.: Home Pump, Ready Med, Eclipse)	A4305 , A4306	\$20.00
<b>Anti-Infective Therapy (antibiotic, antimicrobial, antifungal, antiviral)</b>		
All Drugs: Drugs	NDC	AWP - 17%
<b>Per Diem Rates</b>		
All Frequencies (not otherwise classified)	S9494	\$70.00
Q 24 hours	S9500	\$70.00
Q 12 Hours	S9501	\$65.00
Q 8 Hours	S9502	\$65.00
Q 6 Hours	S9503	\$65.00
Q 4 Hours	S9504	\$65.00
Q 3 Hours	S9497	\$65.00
Multiple Antibiotic Therapies: Most frequently administered antibiotic at full rate; 2nd most frequently admin. Antibiotic at 85% of rate (e.g. \$70 less 15% equals \$59.50) (modifier SH); 3rd most frequently admin. Antibiotic at 90% of rate (e.g. \$70 less 10% equals \$63.00) (modifier SJ)		
<i>Included in the per diem rates for Anti-Infective therapy: Administrative services, professional pharmacy services ( Diluents, Solution, Heparin, Saline, Sterile Water, etc.), care coordination, all necessary supplies and equipment (drugs and nursing visits coded separately).</i>		
<b>Total Parenteral Nutrition (TPN)</b>		
Standard TPN includes: Non-specialty amino acids (e.g., Aminosyn, Free Amine, Travasol) Concentrated Dextrose, sterile water, standard electrolytes, standard multi-trace elements and standard multivitamin solutions.		
All Volumes (not otherwise classified)	S9364	\$160.00
Standard TPN 0-1000ml	S9365	\$160.00
Standard TPN 1001-2000ml	S9366	\$160.00
Standard TPN 2001-3000ml	S9367	\$160.00
Standard TPN > 3001ml	S9368	\$160.00
Not included in the TPN per diem are the following items to be coded separately:		
All Drugs Not Part of a Standard TPN Formula	NDC	AWP - 17%
Specialty amino acids (e.g., Aminoess, Aminosyn-RF, NephroAmine, RenAmin, HepatAmine, Aminosyn-HBC, Trophamine, Aminosyn 15%, Novamine 15% and Clinisol 15%)	NDC or B5000	AWP - 17%
Lipids (e.g., Intralipid, Liposyn) 10%, 20% & 30%	NDC	AWP - 17%
Added trace elements not from a standard multi-trace element solution (e.g., chromium, copper, iodine, manganese, selenium and zinc)	NDC	AWP - 17%
Added vitamins not from a standard multivitamin solution (e.g., folic acid, vitamin C, Vitamin K)	NDC	AWP - 17%
Products serving non-nutritional purposes (e.g., heparin, insulin, iron dextran, Pepcid, Standostatins, Zofran)	NDC	AWP - 17%
Depending on stability and practice, some of the products in the list above are compounded into the TPN in the pharmacy, while others are dispensed separately for injection into the TPN when it is hung.		
<i>Included in the per diem rates for TPN, all additives common to standard TPN formulation, Administrative services, professional pharmacy services, care coordination, manual finger stick blood sugar monitoring supplies, all necessary supplies and equipment (drugs and nursing visits coded separately). All other additives will be billed at the above AWP rate. Electronic blood sugar monitoring devices are available at extra charge.</i>		



**FEE SCHEDULE  
APRIA HEALTHCARE, INC.  
INFUSION THERAPY SERVICES**

Description	Procedure Code	Reimbursement Fee
<b>Pain Management</b>		
All Drugs: Drugs, Diluents, Solution, Heparin, Saline, Sterile Water, etc.	NDC	AWP - 17%
All Routes of Administration (not otherwise classified)	S9325	\$50.00
Continuous	S9326	\$50.00
Intermittent	S9327	\$50.00
Implanted Pump (applies to every day on service)	S9328	\$50.00
-	-	-
<i>Included in the per diem rate for Pain Management: Administrative services, professional pharmacy services, care coordination, all necessary supplies and equipment (drugs and nursing visits coded separately).</i>		
<b>Intravenous Hydration Therapy</b>		
Standard hydration therapy		
All Volumes (not otherwise classified)	S9373	\$50.00
0-1000ml	S9374	\$50.00
1001-2000ml	S9375	\$50.00
2001-3000ml	S9376	\$50.00
> 3001ml	S9377	\$50.00
All Drugs: Drugs, Diluents, Solution, Heparin, Saline, Sterile Water, Additional Drugs (e.g., electrolytes, vitamins, heparin, insulin, Iron Dextran, Pepcid & Zofran), etc.	NDC	AWP - 17%
<i>Included in the per diem rate for Hydration therapy: Administrative services, professional pharmacy services (Diluents, Solution, Heparin, Saline, Sterile Water, etc), care coordination, all necessary supplies and equipment (drugs and nursing visits coded separately).</i>		
<b>Chemotherapy</b>		
All Drugs: Drugs, Diluents, Solution, Heparin, Saline, Sterile Water, etc.	NDC	AWP - 17%
All Routes of Administration (not otherwise classified)	S9329	\$55.00
Continuous	S9330	\$55.00
Intermittent	S9331	\$55.00
<i>Included in the per diem rate for Chemotherapy: Administrative services, professional pharmacy services, care coordination, all necessary supplies and equipment (drugs and nursing visits coded separately).</i>		
<b>Immunomodulating Agents (IVIG)</b>		
All Drugs	NDC	AWP - 17%
IVIG and Steroid Infusions	S9338	\$55.00
<i>Included in the per diem rate for IVIG: Administrative services, professional pharmacy services (Diluents, Solution, Heparin, Saline, Sterile Water, etc), care coordination, all necessary supplies and equipment (drugs and nursing visits coded separately).</i>		
<b>Inotropic Therapy</b>		
All Drugs	NDC	AWP - 17%
Per Diem Rates	S9348	\$55.00
<i>Included in the per diem rate for Inotropic therapy: Administrative services, professional pharmacy services (Diluents, Solution, Heparin, Saline, Sterile Water, etc.), care coordination, all necessary supplies and equipment (drugs and nursing visits coded separately).</i>		
<b>Antithrombotic Therapy</b>		
All Drugs	NDC	AWP - 17%
Per Diem Rates	S9359	\$70.00

**FEE SCHEDULE  
APRIA HEALTHCARE, INC.  
INFUSION THERAPY SERVICES**

Description	Procedure Code	Reimbursement Fee
<i>Included in the per diem rate for Anti-Tumor Necrosis Factor therapy: Administrative services, professional pharmacy services (Diluents, Solution, Heparin, Saline, Sterile Water, etc.), care coordination, all necessary supplies and equipment (drugs and nursing visits coded separately).</i>		
<b>Imiglucerase (Cerezyme)</b>		
All Drugs	NDC	AWP - 17%
Per Diem Rates	S9357	\$55.00
<i>Included in the per diem rate for Imiglucerase therapy: Administrative services, professional pharmacy services (Diluents, Solution, Heparin, Saline, Sterile Water, etc.), care coordination, all necessary supplies and equipment (drugs and nursing visits coded separately).</i>		
<b>Alpha-1 Proteinase Inhibitor (Prelastin)</b>		
All Drugs	NDC	AWP - 17%
Per Diem Rates	S9346	\$55.00
<i>Included in the per diem rate for Alpha-1 Proteinase Inhibitor therapy: Administrative services, professional pharmacy services (Diluents, Solution, Heparin, Saline, Sterile Water, etc.), care coordination, all necessary supplies and equipment (drugs and nursing visits coded separately). Note: This drug is dispensed to the patient or to the pharmacy directly from Bayer. The drug is not available to be purchased and resold by Crescent at this time.</i>		
<b>Anti-hemophilic Factor</b>		
All Drugs	NDC	AWP - 17%
Per Diem Rates	S9345	\$50.00
<i>Included in the per unit charge for Factor products: Administrative services, professional pharmacy services (including Diluents, Solution, Heparin, Saline, Sterile Water, etc) , care coordination, all necessary supplies and equipment (drugs and nursing visits coded separately).</i>		
<b>Aerosolized Medication</b>		
All Drugs	NDC	AWP - 17%
Per Diem Rates	S9061	\$50.00
<i>Included in the per diem rate for Aerosolized Medications: Administrative services, professional pharmacy services (including Diluents, Solution, Heparin, Saline, Sterile Water, etc) , care coordination, all necessary supplies and equipment (drugs and nursing visits coded separately). This rate does not include respiratory medications.</i>		
<b>Anti-spasmodic Therapy</b>		
All Drugs	NDC	AWP - 17%
	S9363	\$55.00
<i>Included in the per diem rate for Anti-spasmodic therapy: Administrative services, professional pharmacy services (including Diluents, Solution, Heparin, Saline, Sterile Water, etc) , care coordination, all necessary supplies and equipment (drugs and nursing visits coded separately).</i>		
<b>Chelation Therapy (Bisphosphonates)</b>		
All Drugs	NDC	AWP - 17%
Per Diem Rates	S9355	\$55.00
<i>Included in the per diem rate for Chelation therapy: Administrative services, professional pharmacy services (including Diluents, Solution, Heparin, Saline, Sterile Water, etc) , care coordination, all necessary supplies and equipment (drugs and nursing visits coded separately).</i>		
<b>Continuous Anti-coagulants Therapy (Heparin)</b>		
All Drugs	NDC	AWP - 17%
Per Diem Rates- continuous anticoagulant	S9336	\$50.00
Per Diem Rates- intermittent anticoagulant	S9372	\$50.00
<i>Included in the per diem rate for Anti-coagulant therapy: Administrative services, professional pharmacy services (including Diluents, Solution, Heparin, Saline, Sterile Water, etc) , care coordination, all necessary supplies and equipment (drugs and nursing visits coded separately).</i>		

**FEE SCHEDULE  
APRIA HEALTHCARE, INC.  
INFUSION THERAPY SERVICES**

Description	Procedure Code	Reimbursement Fee
<b>Continuous Anti-emetic Therapy (Xsivlon, Anzemet, Dolasetron, Zofran)</b>		
All Drug	NDC	AWP - 17%
Per Diem Rates	S9351	\$55.00
<i>Included in the per diem rate for Anti-emetic therapy: Administrative services, professional pharmacy services (including Diluents, Solution, Heparin, Saline, Sterile Water, etc) , care coordination, all necessary supplies and equipment (drugs and nursing visits coded separately).</i>		
<b>Continuous Insulin Therapy</b>		
All Drugs	NDC	AWP - 17%
Per Diem Rates	S9353	N/A
<i>Included in the per diem rate for Insulin therapy: Administrative services, professional pharmacy services (including Diluents, Solution, Heparin, Saline, Sterile Water, etc) , care coordination, all necessary supplies and equipment (drugs and nursing visits coded separately).</i>		
<b>Steroidal Therapy (Solui-Medrol)</b>		
All Drugs	NDC	AWP - 17%
Per Diem Rates	S9490	\$50.00
S9490-TF Home infusion therapy Level II immunosuppressive infusion (cyclosporin, Prograf, Cellcept, Atgam);	S9490-TF	\$170.00
Home Infusion Therapy Level III immunosuppressive (Zenapax)	S9490-TG	\$300.00
<i>Included in the per diem rate for Steroidal therapy: Administrative services, professional pharmacy services (including Diluents, Solution, Heparin, Saline, Sterile Water, etc) , care coordination, all necessary supplies and equipment (drugs and nursing visits coded separately).</i>		
<b>Diuretic Therapy (e.g. Lasix)</b>		
All Drugs	NDC	AWP - 17%
Per Diem Rates	S9361	\$55.00
<i>Included in the per diem rate for Diuretic therapy: Administrative services, professional pharmacy services (including Diluents, Solution, Heparin, Saline, Sterile Water, etc) , care coordination, all necessary supplies and equipment (drugs and nursing visits coded separately).</i>		
<b>Tocolytic Therapy (e.g. Terbutaline)</b>		
All Drugs	NDC	AWP - 17%
Per Diem Rates	S9349	N/A
<i>Included in the per diem rate for Tocolytic therapy: Administrative services, professional pharmacy services (including Diluents, Solution, Heparin, Saline, Sterile Water, etc) , care coordination, all necessary supplies and equipment (drugs and nursing visits coded separately).</i>		
<b>Uninterrupted, Long-term, Controlled Rate IV or SQ Therapy (e.g. Enoxaparin, Heparin)</b>		
All Drugs	NDC	AWP - 17%
Per Diem Rates	S9347	\$55.00
<i>Included in the per diem rate for Uninterrupted, Long-term, Controlled Rate IV or SQ therapy: Administrative services, professional pharmacy services (including Diluents, Solution, Heparin, Saline, Sterile Water, etc) , care coordination, all necessary supplies and equipment (drugs and nursing visits coded separately).</i>		
<b>Misc. Infusion Therapy</b>		
All Drugs	NDC	AWP - 17%
Per Diem Rates	S9379	\$65.00

**FEE SCHEDULE  
APRIA HEALTHCARE, INC.  
INFUSION THERAPY SERVICES**

Description	Procedure Code	Reimbursement Fee
<i>Included in the per diem rate for Miscellaneous Infusion therapy: Administrative services, professional pharmacy services, (including Diluents, Solution, Heparin, Saline, Sterile Water, etc) care coordination, all necessary supplies and equipment (drugs and nursing visits coded separately).</i>		
<b>Misc. Infusion Therapy (HISQ)</b>		
All Drugs (Self injectable)	NDC	AWP - 17%
Per Diem Rates	S9542	\$30.00
<i>Included in per diem rate for injectable therapy: Administrative services, professional pharmacy services (including Diluents, Solution, Heparin, Saline, Sterile Water, etc) , care coordination, all necessary supplies and equipment (drugs and nursing visits coded separately).</i>		
<b>Multiple Therapies</b>		
<b>Same Therapy type:</b> <i>The therapy with the highest daily rate will be charged at 100% of the per diem. The therapy with the second highest daily rate (code SH) will be charged at 85% of the per diem. All remaining therapies (code SJ) will be charged at 90% of the per diem. (Multiple Therapy discounts only apply to per diems, all drugs will be billed at full allowable price).</i>		
<b>Multiple Therapies of a different type:</b> <i>Paid at full per diem rates for each therapy.</i>		
<b>Catheter Services</b>		
<b>Professional Insertion</b>		
PICC Insertion w/o Supplies	S5522	\$120.00
Midline Insertion w/o Supplies	S5523	\$110.00
Midline Insertion w/o Supplies		
PICC Insertion Kit	S5520	\$120.00
Midline Insertion Kit	S5521	\$100.00
<b>Catheter Declotting</b>		
Drug Charges	NDC	AWP - 17%
Catheter Declotting Supply Kit	S5517	\$50.00
<b>Catheter Repair</b>		
Catheter Repair Kit	S5518	\$110.00
<b>Catheter Maintenance</b>		
Drug Charges (heparin, saline, etc.)	NDC	AWP - 17%
Single Lumen	S5498	\$8.00
Multiple Lumen	S5501	\$8.00
Implanted Devices	S5502	\$20.00
<i>Included in the per diem rate for Cathcare services: Administrative services, professional pharmacy services, care coordination, all necessary supplies and equipment (drugs and nursing visits coded separately).</i>		
<b>Irrigation</b>		
All Drugs	NDC	AWP - 17%
Per Diem	S9590	\$55.00
Sterile irrigation of an organ or anatomical cavity.		
<b>Supplies Not Listed</b>		
Supplies	NDC, HCPC and CPT Codes	Invoice plus 10%
<b>Modifiers and Misc. Codes</b>		
Specialized High Tech Nursing (peds, chemo, implanted syncra med.)	99601-SD	\$95.00

**FEE SCHEDULE  
APRIA HEALTHCARE, INC.  
INFUSION THERAPY SERVICES**

Description	Procedure Code	Reimbursement Fee
Nursing	99601	\$95.00
Each Additional Hour	99602	\$45.00
	99602SD	\$45.00
Infusion device routine service	S5035	\$110.00
Infusion device repair service	S5036	\$110.00
<i><b>Average Wholesale Price (AWP)</b> is the average wholesale price for pharmaceutical product which is determined specifically by First Data Bank</i>		
<i><b>PER Diem</b> is the amount charged for each day that a patient receives a dose of pharmaceutical products and/or nursing or other healthcare services pursuant to this agreement. Provider shall use HIPAA compliant HCPCS codes when billing per diem charges.</i>		

**HIPAA BUSINESS ASSOCIATE AGREEMENT**  
**Between the County of Riverside and**  
**APRIA HEALTHCARE, INC.**

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The CONTRACTOR is subject to and shall operate in compliance with all relevant requirements contained in the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Public Law 104-191, enacted August 21, 1996, and the related laws and regulations promulgated subsequent thereto. CONTRACTOR declares they understand COUNTY's interest in ensuring COUNTY meet all requirements set forth in the HIPAA and HITECH regulations. CONTRACTOR indicates they are not considered as COUNTY's business associate as defined in the HIPAA regulations and therefore, is not required to sign the County's HIPAA Business Associate Agreement.

**PROFESSIONAL SERVICE AGREEMENT**

**for**

**DURABLE MEDICAL EQUIPMENT (DME)**

**between**

**COUNTY OF RIVERSIDE**

**and**

**LIFECARE SOLUTIONS, INC.**



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This Agreement, made and entered into this 1<sup>st</sup> day of July, 2011, by and between **LifeCare Solutions, Inc.**, (herein referred to as "CONTRACTOR"), and the COUNTY OF RIVERSIDE, a political subdivision of the State of California, (herein referred to as "COUNTY"). The parties agree as follows:

**1. Description of Services**

**1.1** CONTRACTOR shall provide all services as outlined and specified in **Exhibit A**, Scope of Services, at the prices stated in **Exhibit B**, Payment Provisions, and **Attachment 1**, HIPAA Business Associate Attachment to the Agreement.

**1.2** CONTRACTOR represents that it has the skills, experience and knowledge necessary to fully and adequately perform under this Agreement and the COUNTY relies upon this representation. CONTRACTOR shall perform to the satisfaction of the COUNTY and in conformance to and consistent with the highest standards of firms/professionals in the same discipline in the State of California.

**1.3** CONTRACTOR affirms this it is fully apprised of all of the work to be performed under this Agreement; and the CONTRACTOR agrees it can properly perform this work at the prices stated in Exhibit B. CONTRACTOR is not to perform services or provide products outside of the Agreement.

**1.4** Acceptance by the COUNTY of the CONTRACTOR's performance under this Agreement does not operate as a release of CONTRACTOR's responsibility for full compliance with the terms of this Agreement.

**2. Period of Performance**

**2.1** This Agreement shall be effective July 1, 2011 and continue in effect through June 30, 2012, with the option to renew for two additional one-year periods renewable in one year increments by written amendment, unless terminated earlier. CONTRACTOR shall commence performance upon signature of this Agreement by both parties and shall diligently and continuously perform thereafter.

**3. Compensation**

**3.1** The COUNTY shall pay the CONTRACTOR for services performed, products provided and expenses incurred in accordance with the terms of Exhibit B, Payment Provisions. Maximum payments by COUNTY to CONTRACTOR shall not exceed seven hundred thousand dollars (\$700,000) annually including all expenses. The COUNTY is not responsible for any fees or costs incurred above or beyond the contracted amount and shall have no obligation to purchase any specified

amount of services or products. Unless otherwise specifically stated in Exhibit B, COUNTY shall not be responsible for payment of any of CONTRACTOR's expenses related to this Agreement.

**3.2** CONTRACTOR rates shall not exceed Medi-Cal Allowable rates.

**3.3** CONTRACTOR shall be paid only in accordance with an invoice submitted to COUNTY by CONTRACTOR within fifteen (15) days from the last day of each calendar month, and COUNTY shall pay the invoice within thirty (30) working days from the date of receipt of the invoice. Payment shall be made to CONTRACTOR only after services have been rendered or delivery of materials or products, and acceptance has been made by COUNTY. Prepare invoices in duplicate. For this Agreement, send the original and duplicate copies of invoices to:

**Riverside County Health Care**

**PO Box 11759**

**San Bernardino, CA 92423-1759**

- a) Each invoice shall contain a minimum of the following information: Patient Name, Patient ID#, Patient Date of Birth, HCFA 1500 Form or its successor to include Authorization #; item descriptions, unit prices, quantity, and an invoice total.
- b) Invoices shall be rendered monthly in arrears.

**3.4** The COUNTY obligation for payment of this Agreement beyond the current fiscal year end is contingent upon and limited by the availability of COUNTY funding from which payment can be made. No legal liability on the part of the COUNTY shall arise for payment beyond June 30 of each calendar year unless funds are made available for such payment. In the event that such funds are not forthcoming for any reason, COUNTY shall immediately notify CONTRACTOR in writing; and this Agreement shall be deemed terminated, have no further force, and effect.

#### **4. Alteration or Changes to the Agreement**

**4.1** The Board of Supervisors and the COUNTY Purchasing Agent and/or his designee is the only authorized COUNTY representatives who may at any time, by written order, alter this Agreement. If any such alteration causes an increase or decrease in the cost of, or the time required for the performance under this Agreement, an equitable adjustment shall be made in the Agreement price or delivery schedule, or both, and the Agreement shall be modified by written amendment accordingly.

**4.2** Any claim by the CONTRACTOR for additional payment related to this Agreement shall be made in writing by the CONTRACTOR within 30 days of when the CONTRACTOR has or should have notice of any actual or claimed change in the work, which results in additional and

unanticipated cost to the CONTRACTOR. If the COUNTY Purchasing Agent decides that the facts provide sufficient justification, he may authorize additional payment to the CONTRACTOR pursuant to the claim. Nothing in this section shall excuse the CONTRACTOR from proceeding with performance of the Agreement even if there has been a change.

## **5. Termination**

**5.1.** COUNTY may terminate this Agreement without cause upon 30 days written notice served upon the CONTRACTOR stating the extent and effective date of termination.

**5.2** COUNTY may, upon five (5) days written notice, terminate this Agreement for CONTRACTOR's default, if CONTRACTOR refuses or fails to comply with the terms of this Agreement or fails to make progress to endanger performance and does not immediately cure such failure. In the event of such termination, the COUNTY may proceed with the work in any manner deemed proper by COUNTY.

**5.3** After receipt of the notice of termination, CONTRACTOR shall:

- (a) Stop all work under this Agreement on the date specified in the notice of termination; and
- (b) Transfer to COUNTY and deliver in the manner as directed by COUNTY any materials, reports or other products, which, if the Agreement had been completed or continued, would have been required to be furnished to COUNTY.

**5.4** After termination, COUNTY shall make payment only for CONTRACTOR's performance up to the date of termination in accordance with this Agreement and at the rates set forth in Exhibit B.

**5.5** CONTRACTOR's rights under this Agreement shall terminate (except for fees accrued prior to the date of termination) upon dishonesty or a willful or material breach of this Agreement by CONTRACTOR; or in the event of CONTRACTOR's unwillingness or inability for any reason whatsoever to perform the terms of this Agreement. In such event, CONTRACTOR shall not be entitled to any further compensation under this Agreement.

**5.6** The rights and remedies of COUNTY provided in this section shall not be exclusive and are in addition to any other rights and remedies provided by law or this Agreement.

**6. Ownership/Use of Contract Materials and Products**

The CONTRACTOR agrees that all materials, reports or products in any form, including electronic, created by CONTRACTOR for which CONTRACTOR has been compensated by COUNTY pursuant to this Agreement shall be the sole property of the COUNTY; and may be used by the COUNTY for any purpose COUNTY deems to be appropriate, including, but not limit to, duplication and/or distribution within the COUNTY or to third parties. CONTRACTOR agrees not to release or circulate in whole or part such materials, reports or products without prior written authorization of the COUNTY.

**7. Conduct of Contractor**

**7.1** The CONTRACTOR covenants that it presently has no interest, including, but not limited to, other projects or contracts, and shall not acquire any such interest, direct or indirect, which would conflict in any manner or degree with CONTRACTOR's performance under this Agreement. The CONTRACTOR further covenants that no person or subcontractor having any such interest shall be employed or retained by CONTRACTOR under this Agreement. The CONTRACTOR agrees to inform the COUNTY of all the CONTRACTOR's interests, if any, which are or may be perceived as incompatible with the COUNTY's interests.

**7.2** The CONTRACTOR shall not, under circumstances which could be interpreted as an attempt to influence the recipient in the conduct of his/her duties, accept any gratuity or special favor from individuals or firms with whom the CONTRACTOR is doing business or proposing to do business, in accomplishing the work under this Agreement.

**7.3** The CONTRACTOR or its employees shall not offer gifts, gratuity, favors, and entertainment directly or indirectly to COUNTY employees.

**8. Inspection of Service; Quality Control/Assurance**

**8.1** All performance (which includes services, workmanship, materials, supplies and equipment furnished or utilized in the performance of this Agreement) shall be subject to inspection and test by the COUNTY or other regulatory agencies at all times. The CONTRACTOR shall provide adequate cooperation to any inspector or other COUNTY representative to permit him/her to determine the CONTRACTOR's conformity with the terms of this Agreement. If any services performed or products provided by CONTRACTOR are not in conformance with the terms of this Agreement, the COUNTY shall have the right to require the CONTRACTOR to perform the services or provide the

products in conformance with the terms of the Agreement at no additional cost to the COUNTY. When the services to be performed or the products to be provided are of such nature that the difference cannot be corrected, the COUNTY shall have the right to: (1) require the CONTRACTOR immediately to take all necessary steps to ensure future performance in conformity with the terms of the Agreement; and/or (2) reduce the Agreement price to reflect the reduced value of the services performed or products provided. The COUNTY may also terminate this Agreement for default and charge to CONTRACTOR any costs incurred by the COUNTY because of the CONTRACTOR's failure to perform.

**8.2** CONTRACTOR shall establish adequate procedures for self-monitoring and quality control and assurance to ensure proper performance under this Agreement; and shall permit a COUNTY representative or other regulatory official to monitor, assess or evaluate CONTRACTOR's performance under this Agreement at any time upon reasonable notice to CONTRACTOR.

**9. Independent Contractor**

The CONTRACTOR is, for purposes relating to this Agreement, an independent contractor and shall not be deemed an employee of the COUNTY. It is expressly understood and agreed that the CONTRACTOR (including its employees, agents and subcontractors) shall in no event be entitled to any benefits to which COUNTY employees are entitled, including but not limited to overtime, any retirement benefits, worker's compensation benefits, and injury leave or other leave benefits. There shall be no employer-employee relationship between the parties; and CONTRACTOR shall hold COUNTY harmless from any and all claims that may be made against COUNTY based upon any contention by a third party that an employer-employee relationship exists by reason of this Agreement. It is further understood and agreed by the parties that CONTRACTOR in the performance of this Agreement is subject to the control or direction of COUNTY merely as to the results to be accomplished and not as to the means and methods for accomplishing the results.

**10. Subcontract for Work or Services**

No contract shall be made by the CONTRACTOR with any other party for furnishing any of the work or services under this Agreement without the prior written approval of the COUNTY; but this provision shall not require the approval of contracts of employment between the CONTRACTOR and personnel assigned under this Agreement, or for parties named in the proposal and agreed to under this Agreement.

## **11. Disputes**

**11.1** The parties shall attempt to resolve any disputes amicably at the working level. If that is not successful, the dispute shall be referred to the senior management of the parties. Any dispute relating to this Agreement, which is not resolved by the parties, shall be decided by the COUNTY's Purchasing Department's Compliance Contract Officer who shall furnish the decision in writing. The decision of the COUNTY's Compliance Contract Officer shall be final and conclusive unless determined by a court of competent jurisdiction to have been fraudulent, capricious, arbitrary, or so grossly erroneous as necessarily to imply bad faith. The CONTRACTOR shall proceed diligently with the performance of this Agreement pending the resolution of a dispute.

**11.2** Prior to the filing of any legal action related to this Agreement, the parties shall be obligated to attend a mediation session in Riverside County before a neutral third party mediator. A second mediation session shall be required if the first session is not successful. The parties shall share the cost of the mediations.

## **12. Licensing and Permits**

CONTRACTOR shall comply with all State or other licensing requirements, including but not limited to the provisions of Chapter 9 of Division 3 of the Business and Professions Code. All licensing requirements shall be met at the time proposals are submitted to the COUNTY. CONTRACTOR warrants that it has all necessary permits, approvals, certificates, waivers and exemptions necessary for performance of this Agreement as required by the laws and regulations of the United States, the State of California, the County of Riverside and all other governmental agencies with jurisdiction, and shall maintain these throughout the term of this Agreement.

## **13. Use By Other Political Entities**

The CONTRACTOR agrees to extend the same pricing, terms and conditions as stated in this Agreement to each and every political entity, special district, and related non-profit entity in Riverside County. It is understood that other entities shall make purchases in their own name, make direct payment, and be liable directly to the CONTRACTOR; and COUNTY shall in no way be responsible to CONTRACTOR for other entities' purchases.

**14. Non-Discrimination**

CONTRACTOR shall not be discriminate in the provision of services, allocation of benefits, accommodation in facilities, or employment of personnel on the basis of ethnic group identification, race, religious creed, color, national origin, ancestry, physical handicap, medical condition, marital status or sex in the performance of this Agreement; and, to the extent they shall be found to be applicable hereto, shall comply with the provisions of the California Fair Employment and Housing Act (Gov. Code 12900 et. seq), the Federal Civil Rights Act of 1964 (P.L. 88-352), the Americans with Disabilities Act of 1990 (42 U.S.C. S1210 et seq.) and all other applicable laws or regulations.

**15. Records and Documents**

CONTRACTOR shall make available, upon written request by any duly authorized Federal, State or COUNTY agency, a copy of this Agreement and such books, documents and records as are necessary to certify the nature and extent of the CONTRACTOR's costs related to this Agreement. All such books, documents and records shall be maintained by CONTRACTOR for at least five years following termination of this Agreement and be available for audit by the COUNTY. CONTRACTOR shall provide to the COUNTY reports and information related to this Agreement as requested by COUNTY.

**16. Confidentiality**

**16.1** The CONTRACTOR shall not use for personal gain or make other improper use of privileged or confidential information which is acquired in connection with this Agreement. The term "privileged or confidential information" includes but is not limited to: unpublished or sensitive technological or scientific information; medical, personnel, or security records; anticipated material requirements or pricing/purchasing actions; COUNTY information or data which is not subject to public disclosure; COUNTY operational procedures; and knowledge of selection of contractors, subcontractors or suppliers in advance of official announcement.

**16.2** The CONTRACTOR shall protect from unauthorized disclosure names and other identifying information concerning persons receiving services pursuant to this Agreement, except for general statistical information not identifying any person. The CONTRACTOR shall not use such information for any purpose other than carrying out the CONTRACTOR's obligations under this Agreement. The CONTRACTOR shall promptly transmit to the COUNTY all third party requests for disclosure of such information. The CONTRACTOR shall not disclose, except as otherwise

specifically permitted by this Agreement or authorized in advance in writing by the COUNTY, any such information to anyone other than the COUNTY. For purposes of this paragraph, identity shall include, but not be limited to, name, identifying number, symbol, or other identifying particular assigned to the individual, such as finger or voice print or a photograph.

**16.3** The CONTRACTOR is subject to and shall operate in compliance with all relevant requirements contained in the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Public Law 104-191, enacted August 21, 1996, and the related laws and regulations promulgated subsequent thereto.

**17. Administration/Contract Liaison**

The COUNTY Purchasing Agent, or designee, shall administer this Agreement on behalf of the COUNTY. Riverside County Regional Medical Center Contracts Administration is to serve as the liaison with CONTRACTOR in connection with this Agreement.

**18. Notices**

All correspondence and notices required or contemplated by this Agreement shall be delivered to the respective parties at the addresses set forth below and are deemed submitted two days after their deposit in the United States mail, postage prepaid:

**COUNTY OF RIVERSIDE**

Riverside County Regional Medical Center  
26520 Cactus Avenue  
Moreno Valley, CA 92555

**CONTRACTOR**

LifeCare Solutions, Inc.  
830 Parkridge Ave.  
Corona, CA 92879  
Attn: Contracts Department

**CONTRACTOR REMIT TO ADDRESS:**

LifeCare Solutions, Inc.  
File 1332  
Pasadena, CA 91199

**19. Force Majeure**

If either party is unable to comply with any provision of this Agreement due to causes beyond its reasonable control, and which could not have been reasonably anticipated, such as acts of God, acts



of war, civil disorders, or other similar acts, such party shall not be held liable for such failure to comply.

## **20. EDD Reporting Requirements**

In order to comply with child support enforcement requirements of the State of California, the COUNTY may be required to submit a Report of Independent Contractor(s) form **DE 542** to the Employment Development Department. The CONTRACTOR agrees to furnish the required data and certifications to the COUNTY within 10 days of notification of award of Agreement when required by the EDD. This data will be transmitted to governmental agencies charged with the establishment and enforcement of child support orders. Failure of the CONTRACTOR to timely submit the data and/or certificates required may result in the contract being awarded to another contractor. In the event a contract has been issued, failure of the CONTRACTOR to comply with all federal and state reporting requirements for child support enforcement or to comply with all lawfully served Wage and Earnings Assignments Orders and Notices of Assignment shall constitute a material breach of Agreement. If CONTRACTOR has any questions concerning this reporting requirement, please call (916) 657-0529. CONTRACTOR should also contact its local Employment Tax Customer Service Office listed in the telephone directory in the State Government section under "Employment Development Department" or access their Internet site at [www.edd.ca.gov](http://www.edd.ca.gov).

## **21. Hold Harmless/Indemnification**

**21.1** CONTRACTOR shall indemnify and hold harmless the County of Riverside, its Agencies, Districts, Special Districts and Departments, their respective directors, officers, Board of Supervisors, elected and appointed officials, employees, agents and representatives (individually and collectively hereinafter referred to as Indemnitees) from any liability whatsoever, based or asserted upon any services of CONTRACTOR, its officers, employees, subcontractors, agents or representatives arising out of or in any way relating to this Agreement, including but not limited to property damage, bodily injury, or death or any other element of any kind or nature whatsoever arising from the performance of CONTRACTOR, its officers, employees, subcontractors, agents or representatives Indemnitors from this Agreement. CONTRACTOR shall defend, at its sole expense, all costs and fees including, but not limited, to attorney fees, cost of investigation, defense and settlements or awards, the Indemnitees in any claim or action based upon such alleged acts or omissions.

**21.2** With respect to any action or claim subject to indemnification herein by CONTRACTOR, CONTRACTOR shall, at their sole cost, have the right to use counsel of their own choice and shall have the right to adjust, settle, or compromise any such action or claim without the prior consent of COUNTY; provided, however, that any such adjustment, settlement or compromise in no manner whatsoever limits or circumscribes CONTRACTOR'S indemnification to Indemnitees as set forth herein.

**21.2** CONTRACTOR'S obligation hereunder shall be satisfied when CONTRACTOR has provided to COUNTY the appropriate form of dismissal relieving COUNTY from any liability for the action or claim involved.

**21.3** The specified insurance limits required in this Agreement shall in no way limit or circumscribe CONTRACTOR'S obligations to indemnify and hold harmless the Indemnitees herein from third party claims.

**21.4** In the event there is conflict between this clause and California Civil Code Section 2782, this clause shall be interpreted to comply with Civil Code 2782. Such interpretation shall not relieve the CONTRACTOR from indemnifying the Indemnitees to the fullest extent allowed by law.

**21.5** CONTRACTOR's indemnification obligations shall also apply to any action or claim regarding actual or alleged intellectual property infringement related to any material or product provided to COUNTY pursuant to this Agreement. In the event of any such action or claim, CONTRACTOR shall provide immediate notice to COUNTY of the action or claim. CONTRACTOR may defend or settle the action or claim as CONTRACTOR deems appropriate; however, CONTRACTOR shall be required to obtain for COUNTY the right to continue to use the material or product (or a similar non-infringing material or product with the same function) on terms identical to those stated in this Agreement.

## **22. Insurance**

**22.1** Without limiting or diminishing the CONTRACTOR'S obligation to indemnify or hold the COUNTY harmless, CONTRACTOR shall procure and maintain or cause to be maintained, at its sole cost and expense, the following insurance coverage's during the term of this Agreement. As respects to the insurance section only, the COUNTY herein refers to the County of Riverside, its Agencies, Districts, Special Districts, and Departments, their respective directors, officers, Board of Supervisors, employees, elected or appointed officials, agents or representatives as Additional Insureds.

**22.2 Workers' Compensation:** If the CONTRACTOR has employees as defined by the State of California, the CONTRACTOR shall maintain statutory Workers' Compensation Insurance (Coverage A) as prescribed by the laws of the State of California. Policy shall include Employers' Liability (Coverage B) including Occupational Disease with limits not less than \$1,000,000 per person per accident. The policy shall be endorsed to waive subrogation in favor of the County of Riverside.

**22.3 Commercial General Liability:** Commercial General Liability insurance coverage, including but not limited to, premises liability, unmodified contractual liability, products and completed operations liability, personal and advertising injury, and cross liability coverage, covering claims which may arise from or out of CONTRACTOR'S performance of its obligations hereunder. Policy shall name the COUNTY as Additional Insured. Policy's limit of liability shall not be less than \$1,000,000 per occurrence combined single limit. If such insurance contains a general aggregate limit, it shall apply separately to this agreement or be no less than two (2) times the occurrence limit.

**22.4 Vehicle Liability:** If vehicles or mobile equipment are used in the performance of the obligations under this Agreement, then CONTRACTOR shall maintain liability insurance for all owned, non-owned or hired vehicles so used in an amount not less than \$1,000,000 per occurrence combined single limit. If such insurance contains a general aggregate limit, it shall apply separately to this agreement or be no less than two (2) times the occurrence limit. Policy shall name the COUNTY as Additional Insureds.

**22.5 Professional Liability:** Contractor shall maintain Professional Liability Insurance providing coverage for the Contractor's performance of work included within this Agreement, with a limit of liability of not less than \$1,000,000 per occurrence and \$2,000,000 annual aggregate. If Contractor's Professional Liability Insurance is written on a claims made basis rather than an occurrence basis, such insurance shall continue through the term of this Agreement and CONTRACTOR shall purchase at his sole expense either 1) an Extended Reporting Endorsement (also, known as Tail Coverage); or 2) Prior Dates Coverage from new insurer with a retroactive date back to the date of, or prior to, the inception of this Agreement; or 3) demonstrate through Certificates of Insurance that CONTRACTOR has Maintained continuous coverage with the same or original insurer. Coverage provided under items; 1), 2), or 3) will continue as long as the law allows.

**22.6 General Insurance Provisions - All lines:**

1) Any insurance carrier providing insurance coverage hereunder shall be admitted to the State of California and have an A M BEST rating of not less than A: VIII (A:8) unless such requirements are

waived, in writing, by the County Risk Manager. If the County's Risk Manager waives a requirement for a particular insurer such waiver is only valid for that specific insurer and only for one policy term.

2) The CONTRACTOR must declare its insurance self-insured retention for each coverage required herein. If any such self-insured retention exceed \$500,000 per occurrence each such retention shall have the prior written consent of the County Risk Manager before the commencement of operations under this Agreement. Upon notification of self-insured retention unacceptable to the COUNTY, and at the election of the Country's Risk Manager, CONTRACTOR'S carriers shall either; 1) reduce or eliminate such self-insured retention as respects this Agreement with the COUNTY, or 2) procure a bond which guarantees payment of losses and related investigations, claims administration, and defense costs and expenses.

3) CONTRACTOR shall cause CONTRACTOR'S insurance carrier(s) to furnish the County of Riverside with either 1) a properly executed original Certificate(s) of Insurance and certified original copies of Endorsements effecting coverage as required herein, and 2) if requested to do so orally or in writing by the County Risk Manager, provide original Certified copies of policies including all Endorsements and all attachments thereto, showing such insurance is in full force and effect. Further, said Certificate(s) and policies of insurance shall contain the covenant of the insurance carrier(s) that thirty (30) days written notice shall be given to the County of Riverside prior to any material modification, cancellation, expiration or reduction in coverage of such insurance. In the event of a material modification, cancellation, expiration, or reduction in coverage, this Agreement shall terminate forthwith, unless the County of Riverside receives, prior to such effective date, another properly executed original Certificate of Insurance and original copies of endorsements or certified original policies, including all endorsements and attachments thereto evidencing coverage's set forth herein and the insurance required herein is in full force and effect. *CONTRACTOR shall not commence operations until the COUNTY has been furnished original Certificate (s) of Insurance and certified original copies of endorsements and if requested, certified original policies of insurance including all endorsements and any and all other attachments as required in this Section. An individual authorized by the insurance carrier to do so on its behalf shall sign the original endorsements for each policy and the Certificate of Insurance.*

4) It is understood and agreed to by the parties hereto that the CONTRACTOR'S insurance shall be construed as primary insurance, and the COUNTY'S insurance and/or deductibles and/or self-insured retention's or self-insured programs shall not be construed as contributory.

5) If, during the term of this Agreement or any extension thereof, there is a material change in the scope of services; or, there is a material change in the equipment to be used in the performance of the scope of work; or, the term of this Agreement, including any extensions thereof, exceeds five (5) years; the COUNTY reserves the right to adjust the types of insurance and the monetary limits of liability required under this Agreement, if in the County Risk Manager's reasonable judgment, the amount or type of insurance carried by the CONTRACTOR has become inadequate.

6) CONTRACTOR shall pass down the insurance obligations contained herein to all tiers of subcontractors working under this Agreement.

7) The insurance requirements contained in this Agreement may be met with a program(s) of self-insurance acceptable to the COUNTY.

8) CONTRACTOR agrees to notify COUNTY of any claim by a third party or any incident or event that may give rise to a claim arising from the performance of this Agreement.

## **23. General**

**23.1** CONTRACTOR shall not delegate or assign any interest in this Agreement, whether by operation of law or otherwise, without the prior written consent of COUNTY. Any attempt to delegate or assign any interest herein shall be deemed void and of no force or effect.

**23.2** Any waiver by COUNTY of any breach of any one or more of the terms of this Agreement shall not be construed to be a waiver of any subsequent or other breach of the same or of any other term of this Agreement. Failure on the part of COUNTY to require exact, full and complete compliance with any terms of this Agreement shall not be construed as in any manner changing the terms or preventing COUNTY from enforcement of the terms of this Agreement.

**23.3** In the event the CONTRACTOR receives payment under this Agreement, which is later disallowed by COUNTY for nonconformance with the terms of the Agreement, the CONTRACTOR shall promptly refund the disallowed amount to the COUNTY on request; or at its option the COUNTY may offset the amount disallowed from any payment due to the CONTRACTOR.

**23.4** CONTRACTOR shall not provide partial delivery or shipment of services or products unless specifically stated in the Agreement.

**23.5** CONTRACTOR shall not provide any services or products subject to any chattel mortgage or under a conditional sales contract or other agreement by which an interest is retained by a third party. The CONTRACTOR warrants that it has good title to all materials or products used by

CONTRACTOR or provided to COUNTY pursuant to this Agreement, free from all liens, claims or encumbrances.

**23.6** Nothing in this Agreement shall prohibit the COUNTY from acquiring the same type or equivalent equipment, products, materials or services from other sources, when deemed by the COUNTY to be in its best interest. The COUNTY reserves the right to purchase more or less than the quantities specified in this Agreement.

**23.7** The COUNTY agrees to cooperate with the CONTRACTOR in the CONTRACTOR's performance under this Agreement, including, if stated in the Agreement, providing the CONTRACTOR with reasonable facilities and timely access to COUNTY data, information, and personnel.

**23.8** CONTRACTOR shall comply with all applicable Federal, State and local laws and regulations. CONTRACTOR will comply with all applicable COUNTY policies and procedures. In the event that there is a conflict between the various laws or regulations that may apply, the CONTRACTOR shall comply with the more restrictive law or regulation.

**23.9** CONTRACTOR shall comply with all air pollution control, water pollution, safety and health ordinances, statutes, or regulations, which apply to performance under this Agreement.

**23.10** CONTRACTOR shall comply with all requirements of the Occupational Safety and Health Administration (OSHA) standards and codes as set forth by the U.S. Department of Labor and the State of California (Cal/OSHA).

**23.11** This Agreement shall be governed by the laws of the State of California. Any legal action related to the performance or interpretation of this Agreement shall be filed only in the Superior Court of the State of California located in Riverside, California, and the parties waive any provision of law providing for a change of venue to another location. In the event any provision in this Agreement is held by a court of competent jurisdiction to be invalid, void, or unenforceable, the remaining provisions will nevertheless continue in full force without being impaired or invalidated in any way.

**23.12** This Agreement, including any attachments or exhibits, constitutes the entire Agreement of the parties with respect to its subject matter and supersedes all prior and contemporaneous representations, proposals, discussions and communications, whether oral or in writing. This Agreement may be changed or modified only by a written amendment signed by authorized representatives of both parties.

**COUNTY:**

Riverside County Regional Medical Center  
26520 Cactus Avenue  
Moreno Valley, CA 92555

**CONTRACTOR:**

LifeCare Solutions, Inc.  
830 Parkridge Ave  
Corona CA 92879

Signature: Bob Buster

Print Name: Bob Buster

Title: Chairperson

Dated: SEP 27 2011

Signature: Anthony Domenico

Print Name: Anthony Domenico

Title: Western Region V.P.

Dated: July 8, 2011

ATTEST:

KECIA HARPER-IHEM, Clerk

By Kecia Harper-Ihem  
DEPUTY

FORM APPROVED COUNTY COUNSEL

BY: Neal R. Kipnis DATE 9/15/11

## SCOPE OF WORK

LIFECARE SOLUTIONS, INC.

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1.0 CONTRACTOR shall provide durable medical equipment (DME) for ambulatory and non-ambulatory patients residing in Riverside County.

2.0 CONTRACTOR shall provide said services throughout Riverside County (Banning, Beaumont, Blythe, Calimesa, Canyon Lake, Cathedral City, Coachella, Corona, Desert Hot Springs, Eastvale, Hemet, Indian Wells, Indio, Lake Elsinore, La Quinta, Mecca, Menifee, Moreno Valley, Murrieta, Norco, Palm Desert, Palm Springs, Perris, Rancho Mirage, Riverside, San Jacinto, Temecula, Wildomar, and all other unincorporated areas within Riverside County).

3.0 CONTRACTOR shall provide same day delivery services, but no later than one day (24 hours) from the requested date of service.

4.0 CONTRACTOR shall arrange prompt pick-up schedule(s) with the patient (and/or patients designated person).

5.0 CONTRACTOR shall promptly notify COUNTY of all undeliverable services (i.e., equipment not available, incorrect patient home address, no one at patient home to accept delivery or arrange for CONTRACTOR pick-up, etc.).

6.0 CONTRACTOR shall designate a liaison and provide the contact information (name, title, phone number and email address) to COUNTY as it pertains to this Agreement.



**FEE SCHEDULE**

**LIFECARE SOLUTIONS, INC.**

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DESCRIPTION	Qty	Billing Code	Monthly Rental Price	Purchase Price
Administration set, with small volume nonfiltered pneumatic nebulizer, non-disposable	1	A7005	Sale only	22.19
Combination oral/nasal mask, used with continuous positive airway pressure device, each	1	A7027	Sale only	134.3
Oral cushion for combination oral/nasal mask, replacement only, each	1	A7028	Sale only	35.67
Nasal pillows for combination oral/nasal mask, replacement only, pair	1	A7029	Sale only	14.57
Full facemask used with positive pressure device	1	A7030	Sale only	\$67.50
Replacement facemask interface	1	A7031	Sale only	\$50.24
Replacement nasal cushion	1	A7032	Sale only	\$29.18
Replacement nasal pillows	1	A7033	Sale only	\$20.46
Nasal application device	1	A7034	Sale only	\$84.70
Pos airway press headgear	1	A7035	Sale only	\$28.62
Pos airway press chinstrap	1	A7036	Sale only	\$13.10
Pos airway pressure tubing	1	A7037	Sale only	\$29.54
Pos airway pressure filter	1	A7038	Sale only	\$3.88
Filter, non disposable w pap	1	A7039	Sale only	\$11.03
PAP oral interface	1	A7044	Sale only	\$87.06
Exhalation port, with or without swivel	1	A7045	Sale only	\$14.02
Replacement exhalation port for PAP	1	A7045	Sale only	\$14.02
Cane adjust/fixed with tip	1	E0100	Sale only	\$14.39
Cane adjust/fixed quad/3 pro	1	E0105	Sale only	\$33.75
Crutch forearm pair	1	E0110	Sale only	\$55.86
Crutch underarm pair no wood	1	E0114	Sale only	\$33.98
Walker folding adjust/fixed	1	E0135	Sale only	\$60.36
Walker folding wheeled w/o seat	1	E0143	Sale only	\$80.62
Heavy-duty walker no wheels	1	E0148	Sale only	\$91.48
Heavy duty wheeled walker	1	E0149	Sale only	\$160.70
Forearm crutch platform attachment	1	E0153	Sale only	\$49.95
Walker platform attachment	1	E0154	Sale only	\$50.77
Walker wheel attachment, pair	1	E0155	Sale only	\$22.73
Walker seat attachment	1	E0156	Sale only	\$19.03
Walker crutch attachment	1	E0157	Sale only	\$50.13
Walker leg extenders set of 4	1	E0158	Sale only	\$23.17
Brake for wheeled walker	1	E0159	Sale only	\$12.87
Commode chair, mobile or stationary, with fixed arms	1	E0163	Sale only	\$79.41
Commode chair, mobile or stationary, detachable arms	1	E0165	Sale only	\$146.12
Commode chair pail or pan	1	E0167	Sale only	\$8.64
Heavy-duty/wide commode chair	1	E0168	Sale only	\$108.67
Press pad alternating w/ pump, includes heavy duty	1	E0181	\$18.77	\$225.18
Pressure pad alternating pump	1	E0182	Sale only	\$226.20
Dry pressure mattress	1	E0184	Sale only	\$119.16
Gel pressure mattress pad	1	E0185	Sale only	\$230.30
Air pressure mattress	1	E0186	Sale only	\$175.39
Synthetic sheepskin pad	1	E0188	Sale only	\$19.03
Low Air Loss (daily rental)	1	E0193	\$21.68	By Report
Lambs wool sheepskin pad	1	E0189	Sale only	\$37.41
Gel pressure mattress	1	E0196	Sale only	\$280.71
Air pressure pad for mattress	1	E0197	Sale only	\$159.53
Water pressure pad for mattress	1	E0198	Sale only	\$161.69

DESCRIPTION	Qty	Billing Code	Monthly Rental Price	Purchase Price
Dry pressure pad for mattress	1	E0199	Sale only	\$23.08
Grab Bar, wall ea	1	E0241	Sale only	\$13.16
Toilet rail, each	1	E0243	Sale only	\$38.48
Raised Toilet Seat	1	E0244	Sale only	\$41.44
Shower/Tub bench or stool	1	E0245	Sale only	\$49.56
Transfer bench	1	E0247	Sale only	\$73.28
Mattress innerspring	1	E0271	\$16.61	\$137.50
Mattress, foam rubber	1	E0272	\$15.21	\$145.71
Powered pres-reducing air mattress	1	E0277	\$506.52	Rental only
Hosp bed, variable height, hi-lo, w/out rails or mattress	1	E0293	\$43.76	\$525.14
Hosp bed, semi-electric, w/out rails or mattress	1	E0295	\$91.69	\$1,100.30
Hosp bed, total electric, w/out rails or mattress	1	E0297	\$97.67	\$1,172.02
Hosp bed heavy duty, 350-600 lbs , xwide, with mattress	1	E0303	\$208.93	\$2,507.07
Rails bed side half length	1	E0305	\$12.81	\$153.70
Rails bed side full length	1	E0310	\$16.39	\$137.12
Stationary compressed gas O2	1	E0424	\$142.85	Rental only
Portable gaseous O2 (includes content)	1	E0431	\$22.89	Rental only
Portable gaseous oxygen content (included in E0431)	1	E0443	\$0.00	\$0
Volume control vent	1	E0450	\$584.16	Rental only
Volume control vent non invasive interface	1	E0461	\$584.16	Rental only
Press supp vent invasive interface, HT50, LTV's	1	E0463	\$1,012.59	Rental only
Press supp vent non invasive interface	1	E0464	\$1,012.59	Rental only
Bi Level S	1	E0470	\$177.35	\$2,128.20
Bi Level ST	1	E0471	\$462.37	\$5,548.39
Percussor elect/pneum home monitor	1	E0480	\$31.10	\$373.16
Cough stimulating device	1	E0482	\$294.96	\$3,539.47
Humidifier nonheated w PAP	1	E0561	\$7.70	\$77.04
Humidifier heated used w PAP	1	E0562	\$21.68	\$216.88
Compressor air power source	1	E0565	\$43.93	\$527.13
Nebulizer with compression	1	E0570	Sale only	\$139.10
Suction pump portable home model	1	E0600	\$32.97	\$395.62
CPAP	1	E0601	\$75.79	\$548.60
Apnea monitor	1	E0619	\$187.92	By Report
Patient lift; hydraulic or mechanical	1	E0630	\$63.93	\$767.14
Tens unit, 2 lead	1	E0720	\$22.49	\$224.96
Tens unit, 4 lead	1	E0730	\$22.68	\$226.78
Rollabout Chair	1	E1031	\$45.34	\$544.10
Regulator	1	E1353	Sale only	\$23.67
Stand/Rack	1	E1355	Sale only	\$17.82
Oxygen Concentrator	1	E1390	\$142.85	Rental only
Portable Concentrator	1	E1392	\$37.17	Rental only
Standard WC	1	K0001	\$47.94	\$575.32
Hemi Wheelchair	1	K0002	\$65.39	\$784.73
Lightweight WC	1	K0003	\$70.79	\$849.42
High Strength Lightweight WC	1	K0004	\$102.23	\$1,226.77
Heavy Duty WC	1	K0006	\$95.94	\$1,151.28
Extra heavy Duty Wheelchair	1	K0007	\$152.55	\$1,830.60
Elevating Leg Rest (pair)	1	K0195	\$18.50	\$221.94
Portable Oxygen Gas System (Home Compressor)	1	K0738	\$37.17	Rental only
Pov Group 1 Std Up To 300Lbs	1	K0800	Sale only	\$1,292.77
Pov Group 1 Hd 301-450 Lbs	1	K0801	Sale only	\$2,084.22

DESCRIPTION	Qty	Billing Code	Monthly Rental Price	Purchase Price
Pov Group 1 Vhd 451-600 Lbs	1	K0802	Sale only	\$2,358.66
Pov Group 2 Std Up To 300Lbs	1	K0806	Sale only	\$1,563.91
Pov Group 2 Hd 301-450 Lbs	1	K0807	Sale only	\$2,373.05
Pov Group 2 Vhd 451-600 Lbs	1	K0808	Sale only	\$3,671.60
Pwc Gp 1 Std Port Seat/Back	1	K0813	Sale only	\$2,894.88
Pwc Gp 1 Std Port Cap Chair	1	K0814	Sale only	\$3,705.36
Pwc Gp 1 Std Seat/Back	1	K0815	Sale only	\$4,219.56
Pwc Gp 1 Std Cap Chair	1	K0816	Sale only	\$4,040.88
Pwc Gp 2 Std Port Seat/Back	1	K0820	Sale only	\$3,091.92
Pwc Gp 2 Std Port Cap Chair	1	K0821	Sale only	\$3,969.24
Pwc Gp 2 Std Seat/Back	1	K0822	Sale only	\$3,997.50
Pwc Gp 2 Std Cap Chair	1	K0823	Sale only	\$4,828.44
Provider shall accept as payment in full for authorized professional RT/DME services at a rate of ninety percent (90%) of the current Medi-Cal fee schedule				
and Power Wheelchairs and Scooters at a rate of				
one hundred percent (100%) of the current Medi-Cal fee schedule.				
Unless otherwise specified, services shall be provided, billed and reimbursed according to Medi-Cal HCPC, CPT, ICD-9 Codes and Guidelines.				
For authorized professional RT/DME services which fall under providers Scope of Services, which are without an established Medi-Cal fee schedule rate, Provider shall accept as payment in full a rate of sixty percent (60%) of Providers Usual and Customary Billed Charges.				
<b>Standard Respiratory and DME Services shall include the following</b>				
APP & Gel mattress Overlay				
Bathroom Equipment				
BIPAP Machines and supplies				
Canes and Crutches		1		
Heated Humidifiers				
Hospital Beds				
Lightweight Wheelchairs				
Manual Patient Lifts				
Manual Standard Wheelchairs				
Nebulizers				
Oxygen Concentrators				
Oxygen Portable System				
Rollabout or Geri Chairs				
Semi-Electric Hospital Beds				
Suction Equipment				
Walkers				
<b>The following Scope of Services are not covered under this proposal</b>				
Air Fluidized Beds				
Bone Growth Stimulators				
Cervical Collars				
Cold Therapy Units				
Compression Hosiery and Support Stockings				
CPM Machines				

DESCRIPTION	Qty	Billing Code	Monthly Rental Price	Purchase Price
Custom Rehab Chairs				
Diabetic Shoes				
Electric Patient Lifts				
Electric Seat Lift chairs				
Enteral Nutrition Therapy				
Erect Aids				
Home Infusion Therapy				
Infusion Pumps				
Insulin Pumps				
Orthotics and Prosthetics				
RN Nursing				
Sequential Compression Devices (Lymphodema Pumps)				
Soft Good Medical Supplies (Diabetic, Ostomy, Urological, Wound Care, Incontinence)				
Speech Generating Devices				
Traction Units				
Vest Airway Clearance System				

**HIPAA BUSINESS ASSOCIATE ADDENDUM  
TO THE AGREEMENT BETWEEN RIVERSIDE COUNTY  
and  
LIFECARE SOLUTIONS, INC.**

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The HIPAA Business Associate Agreement (the "Addendum") supplements, and is made part of the **DME, Home Infusion, Nutrition Services** (the "Underlying Agreement") between the County of Riverside ("County") and **LifeCare Solutions, Inc.** ("Contractor") and shall be effective as of the date the Underlying Agreement is approved by both Parties (the "Effective Date").

**RECITALS**

WHEREAS, County and Contractor entered into the Underlying Agreement pursuant to which the Contractor provides services to County, and in conjunction with the provision of such services certain protected health information ("PHI") and/or certain electronic protected health information ("ePHI") may be created by or made available to Contractor for the purposes of carrying out its obligations under the Underlying Agreement; and,

WHEREAS, the provisions of the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), Public Law 104-191 enacted August 21, 1996, and the Health Information Technology for Economic and Clinical Health Act ("HITECH") of the American Recovery and Reinvestment Act of 2009, Public Law 111-5 enacted February 17, 2009, and the laws and regulations promulgated subsequent thereto, as may be amended from time to time, are applicable to the protection of any use or disclosure of PHI and/or ePHI pursuant to the Underlying Agreement; and,

WHEREAS, County is a covered entity, as defined in the Privacy Rule; and,

WHEREAS, Contractor when a creator or recipient of, or when they have access to, PHI and/or ePHI of County, is a business associate as defined in the Privacy Rule; and,

WHEREAS, pursuant to 42 USC §17931 and §17934, certain provisions of the Security Rule and Privacy Rule apply to a business associate of a covered entity in the same manner that they apply to the covered entity, the additional security and privacy requirements of HITECH are applicable to business associates and must be incorporated into the business associate agreement, and a business associate is liable for civil and criminal penalties for failure to comply with these security and/or privacy provisions; and,

WHEREAS, the parties mutually agree that any use or disclosure of PHI and/or ePHI must be in compliance with the Privacy Rule, Security Rule, HIPAA, HITECH and any other applicable law; and,

WHEREAS, the parties intend to enter into this Addendum to address the requirements and obligations set forth in the Privacy Rule, Security Rule, HITECH and HIPAA as they apply to Contractor as a business associate of County, including the establishment of permitted and required uses and disclosures of PHI and/or ePHI created or received by Contractor during the course of performing services on behalf of County, and appropriate limitations and conditions on such uses and disclosures;

NOW, THEREFORE, in consideration of the mutual promises and covenants contained herein, the parties agree as follows:

**HIPAA BUSINESS ASSOCIATE ADDENDUM  
TO THE AGREEMENT BETWEEN RIVERSIDE COUNTY  
and  
LIFECARE SOLUTIONS, INC.**

---

**Definitions.** Terms used, but not otherwise defined, in this Addendum shall have the same meaning as those terms in HITECH, HIPAA, Security Rule and/or Privacy Rule, as may be amended from time to time.

“Breach” when used in connection with PHI means the acquisition, access, use or disclosure of PHI in a manner not permitted by the Privacy Rule which compromises the security or privacy of the PHI, and shall have the meaning given such term in 45 CFR §164.402. For purposes of this definition, “compromises the security or privacy of PHI” means poses a significant risk of financial, reputational, or other harm to the individual, unless a use or disclosure of PHI does not include the identifiers listed at 45 CFR §164.514(e)(2), date of birth and zip code. Breach excludes:

- (1) Any unintentional acquisition, access or use of PHI by a workforce member or person acting under the authority of a covered entity or business associate, if such acquisition, access or use was made in good faith and within the scope of authority and does not result in further use or disclosure in a manner not permitted under subpart E of the Privacy Rule.
  - (2) Any inadvertent disclosure by a person who is authorized to access PHI at a covered entity or business associate to another person authorized to access PHI at the same covered entity, business associate, or organized health care arrangement in which County participates, and the information received as a result of such disclosure is not further used or disclosed in a manner not permitted by subpart E of the Privacy Rule.
  - (3) A disclosure of PHI where a covered entity or business associate has a good faith belief that an unauthorized person to whom the disclosure was made would not reasonably have been able to retain such information.
- B. “Data aggregation” has meaning given such term in 45 CFR §164.501.
- C. “Designated record set” as defined in 45 CFR §164.501 means a group of records maintained by or for a covered entity that may include: the medical records and billing records about individuals maintained by or for a covered health care provider; the enrollment, payment, claims adjudication, and case or medical management record systems maintained by or for a health plan; or, used, in whole or in part, by or for the covered entity to make decisions about individuals.
- D. “Electronic protected health information” (“ePHI”) as defined in 45 CFR §160.103 means protected health information transmitted by or maintained in electronic media.
- E. “Electronic health record” means an electronic record of health-related information on an individual that is created, gathered, managed, and consulted by authorized health care clinicians and staff, and shall have the meaning given such term in 42 USC §17921(5).
- F. “Health care operations” has the meaning given such term in 45 CFR §164.501.

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- G. "Individual" as defined in 45 CFR §160.103 means the person who is the subject of protected health information.
- H. "Person" as defined in 45 CFR §160.103 means a natural person, trust or estate, partnership, corporation, professional association or corporation, or other entity, public or private.
- I. "Privacy Rule" means the HIPAA regulations codified at 45 CFR Parts 160 and 164, Subparts A and E.
- J. "Protected health information" ("PHI") has the meaning given such term in 45 CFR §160.103, which includes ePHI.
- K. "Required by law" has the meaning given such term in 45 CFR §164.103.
- L. "Secretary" means the Secretary of the Department of Health and Human Services ("HHS").
- M. "Security Rule" means the HIPAA Regulations codified at 45 CFR Parts 160 and 164, Subparts A and C.
- N. "Unsecured protected health information" and "unsecured PHI" as defined in 45 CFR §164.402 means PHI not rendered unusable, unreadable, or indecipherable to unauthorized individuals through use of a technology or methodology specified by the Secretary in the guidance issued under 42 USC §17932(h)(2) on the HHS web site.

**2. Scope of Use and Disclosure by Contractor of County's PHI and/or ePHI.**

- A. Except as otherwise provided in this Addendum, Contractor may use, disclose, or access PHI and/or ePHI as necessary to perform any and all obligations of Contractor under the Underlying Agreement or to perform functions, activities or services for, or on behalf of, County as specified in this Addendum, if such use or disclosure does not violate HIPAA, HITECH, the Privacy Rule and/or Security Rule.
- B. Unless otherwise limited herein, in addition to any other uses and/or disclosures permitted or authorized by this Addendum or required by law, in accordance with 45 CFR §164.504(e)(2), Contractor may:
  - (1) Use PHI and/or ePHI if necessary for Contractor's proper management and administration and to carry out its legal responsibilities; and,
  - (2) Disclose PHI and/or ePHI for the purpose of Contractor's proper management and administration or to carry out its legal responsibilities, only if:
    - (a) The disclosure is required by law; or,



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- (b) Contractor obtains reasonable assurances, in writing, from the person to whom Contractor will disclose such PHI and/or ePHI that the person will:
  - (i) Hold such PHI and/or ePHI in confidence and use or further disclose it only for the purpose for which Contractor disclosed it to the person, or as required by law; and,
  - (ii) Notify Contractor of any instances of which it becomes aware in which the confidentiality of the information has been breached; and,
- (3) Use PHI to provide data aggregation services relating to the health care operations of County pursuant to the Underlying Agreement or as requested by County; and,
- (4) De-identify all PHI and/or ePHI of County received by Contractor under this Addendum provided that the de-identification conforms to the requirements of the Privacy Rule and/or Security Rule and does not preclude timely payment and/or claims processing and receipt.
- C. Notwithstanding the foregoing, in any instance where applicable state and/or federal laws and/or regulations are more stringent in their requirements than the provisions of HIPAA, including, but not limited to, prohibiting disclosure of mental health and/or substance abuse records, the applicable state and/or federal laws and/or regulations shall control the disclosure of records.

**3. Prohibited Uses and Disclosures.**

- A. Contractor may neither use, disclose, nor access PHI and/or ePHI in a manner not authorized by the Underlying Agreement or this Addendum without patient authorization or de-identification of the PHI and/or ePHI and as authorized in writing from County.
- B. Contractor may neither use, disclose, nor access PHI and/or ePHI it receives from County or from another business associate of County, except as permitted or required by this Addendum, or as required by law.
- C. Contractor agrees not to make any disclosure of PHI and/or ePHI that County would be prohibited from making.
- D. Contractor shall not use or disclose PHI for any purpose prohibited by the Privacy Rule, Security Rule, HIPAA and/or HITECH, including, but not limited to 42 USC §§17935 and 17936. Contractor agrees:
  - (1) Not to use or disclose PHI for fundraising or marketing purposes, unless pursuant to the Underlying Agreement and as permitted by and consistent with the requirements of 42 USC §17936;
  - (2) Not to disclose PHI, except as otherwise required by law, to a health plan for purposes of carrying out payment or health care operations, if the individual has requested this

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restriction pursuant to 42 USC §17935(a) and 45 CFR §164.522, and has paid out of pocket in full for the health care item or service to which the PHI solely relates; and,

- (3) Not to receive, directly or indirectly, remuneration in exchange for PHI, unless permitted by 42 USC §17935(d)(2) and with the prior written consent of County. This prohibition shall not apply to payment by County to Contractor for services provided pursuant to the Underlying Agreement.

**4. Obligations of County.**

- A. County agrees to make its best efforts to notify Contractor promptly in writing of any restrictions on the use or disclosure of PHI and/or ePHI agreed to by County that may affect Contractor's ability to perform its obligations under the Underlying Agreement, or this Addendum.
- B. County agrees to make its best efforts to promptly notify Contractor in writing of any changes in, or revocation of, permission by any individual to use or disclose PHI and/or ePHI, if such changes or revocation may affect Contractor's ability to perform its obligations under the Underlying Agreement, or this Addendum.
- C. County agrees to make its best efforts to promptly notify Contractor in writing of any known limitation(s) in its notice of privacy practices to the extent that such limitation may affect Contractor's use or disclosure of PHI and/or ePHI.
- D. County agrees not to request Contractor to use or disclose PHI and/or ePHI in any manner that would not be permissible under HITECH, HIPAA, the Privacy Rule, and/or Security Rule.
- E. County agrees to obtain any authorizations necessary for the use or disclosure of PHI and/or ePHI, so that Contractor can perform its obligations under this Addendum and/or Underlying Agreement.

**5. Obligations of Contractor.** In connection with the use or disclosure of PHI and/or ePHI, Contractor agrees to:

- A. Use or disclose PHI only if such use or disclosure complies with each applicable requirement of 45 CFR §164.504(e). Contractor shall also comply with the additional privacy requirements that are applicable to covered entities in HITECH, as may be amended from time to time.
- B. Not use or further disclose PHI and/or ePHI other than as permitted or required by this Addendum or as required by law. Contractor shall promptly notify County if Contractor is required by law to disclose PHI and/or ePHI.
- C. Use appropriate safeguards to prevent use or disclosure of PHI and/or ePHI other than as provided for by this Addendum.

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- D. Mitigate, to the extent practicable, any harmful effect that is known to Contractor of a use or disclosure of PHI and/or ePHI by Contractor in violation of this Addendum.
  - E. Report to County any use or disclosure of PHI and/or ePHI not provided for by this Addendum or otherwise in violation of HITECH, HIPAA, the Privacy Rule, and/or Security Rule of which Contractor becomes aware.
  - F. Require any subcontractors or agents to whom Contractor provides PHI and/or ePHI to agree to the same restrictions and conditions that apply to Contractor with respect to such PHI and/or ePHI, including the restrictions and conditions pursuant to this Addendum.
  - G. Make available to County or the Secretary, in the time and manner designated by County or Secretary, Contractor's internal practices, books and records relating to the use, disclosure and privacy protection of PHI received from County, or created or received by Contractor on behalf of County, for purposes of determining, investigating or auditing Contractor's and/or County's compliance with the Privacy Rule.
  - H. Request, use or disclose only the minimum amount of PHI necessary to accomplish the intended purpose of the request, use or disclosure in accordance with 42 USC §17935(b) and 45 CFR §164.502(b)(1).
  - I. Comply with requirements of satisfactory assurances under 45 CFR §164.512 relating to notice or qualified protective order in response to a third party's subpoena, discovery request, or other lawful process for the disclosure of PHI, which Contractor shall promptly notify County upon Contractor's receipt of such request from a third party.
  - J. Not require an individual to provide patient authorization for use or disclosure of PHI as a condition for treatment, payment, enrollment in any health plan (including the health plan administered by County), or eligibility of benefits, unless otherwise excepted under 45 CFR §164.508(b)(4) and authorized in writing by County.
  - K. Use appropriate administrative, technical and physical safeguards to prevent inappropriate use, disclosure, or access of PHI and/or ePHI.
  - L. Obtain and maintain knowledge of applicable laws and regulations related to HIPAA and HITECH, as may be amended from time to time.
6. **Access to PHI, Amendment and Disclosure Accounting.** Contractor agrees to:
- A. **Access to PHI and electronic health record.** Provide access to PHI in a designated record set to County or an individual as directed by County, within five (5) days of request from County, to satisfy the requirements of 45 CFR §164.524. If Contractor uses or maintains electronic health records, Contractor shall, at the request of County, provide electronic health records in electronic format to enable County to fulfill its obligations under 42 USC §17935(e).

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- B. **Amendment of PHI.** Make PHI available for amendment and incorporate amendments to PHI in a designated record set County directs or agrees to at the request of an individual, within fifteen (15) days of receiving a written request from County, in accordance with 45 CFR §164.526.
- C. **Accounting of disclosures of PHI and electronic health record.** Assist County to fulfill its obligations to provide accounting of disclosures of PHI under 45 CFR §164.528 and, where applicable, electronic health records under 42 USC §17935(c) if Contractor uses or maintains electronic health records. Contractor shall:
- (1) Document such disclosures of PHI and/or electronic health records, and information related to such disclosures, as would be required for County to respond to a request by an individual for an accounting of disclosures of PHI and/or electronic health record in accordance with 45 CFR §164.528.
  - (2) Within fifteen (15) days of receiving a written request from County, provide to County or any individual as directed by County information collected in accordance with this section to permit County to respond to a request by an individual for an accounting of disclosures of PHI and/or electronic health record.
  - (3) Make available for County information required by this section for six (6) years preceding the individual's request for accounting of disclosures of PHI, and for three (3) years preceding the individual's request for accounting of disclosures of electronic health record.
7. **Security of ePHI.** In the event Contractor needs to create, receive, or have access to County ePHI, in accordance with 42 USC §17931 and 45 CFR §§164.314(a)(2)(i), and 164.306, Contractor shall:
- A. Implement the administrative, physical, and technical safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of ePHI that Contractor creates, receives, maintains, or transmits on behalf of County as required by the Security Rule, including without limitations, each of the requirements of the Security Rule at 45 CFR §§164.308, 164.310, and 164.312;
  - B. Comply with each of the requirements of 45 CFR §164.316 relating to the implementation of policies, procedures and documentation requirements with respect to ePHI;
  - C. Protect against any reasonably anticipated threats or hazards to the security or integrity of ePHI;
  - D. Protect against any reasonably anticipated uses or disclosures of ePHI that are not permitted or required under the Privacy Rule;
  - E. Ensure compliance by Contractor's workforce;

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- F. Ensure that any agent, including a subcontractor, to whom it provides ePHI agrees to implement reasonable appropriate safeguards to protect it;
  - G. Report to County any security incident of which Contractor becomes aware; and,
  - H. Comply with any additional security requirements that are applicable to covered entities in Title 42 (Public Health and Welfare) of the United States Code, as may be amended from time to time, including but not limited to HITECH.
8. **Breach of Unsecured PHI.** In the case of breach of unsecured PHI, Contractor shall comply with the applicable provisions of 42 USC §17932 and 45 CFR Part 164, Subpart D, including but not limited to 45 CFR §164.410.
- A. **Discovery and notification.** Following the discovery of a breach of unsecured PHI, Contractor shall notify County in writing of such breach without unreasonable delay and in no case later than 60 calendar days after discovery of a breach, except as provided in 45 CFR §164.412.
- (1) **Breaches treated as discovered.** A breach is treated as discovered by Contractor as of the first day on which such breach is known to Contractor or, by exercising reasonable diligence, would have been known to Contractor, which includes any person, other than the person committing the breach, who is an employee, officer, or other agent of Contractor (determined in accordance with the federal common law of agency).
  - (2) **Content of notification.** The written notification to County relating to breach of unsecured PHI shall include, to the extent possible, the following information if known (or can be reasonably obtained) by Contractor:
    - (a) The identification of each individual whose unsecured PHI has been, or is reasonably believed by Contractor to have been accessed, acquired, used or disclosed during the breach;
    - (b) A brief description of what happened, including the date of the breach and the date of the discovery of the breach, if known;
    - (c) A description of the types of unsecured PHI involved in the breach, such as whether full name, social security number, date of birth, home address, account number, diagnosis, disability code, or other types of information were involved;
    - (d) Any steps individuals should take to protect themselves from potential harm resulting from the breach;
    - (e) A brief description of what Contractor is doing to investigate the breach, to mitigate harm to individuals, and to protect against any further breaches; and,

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- (f) Contact procedures for individuals to ask questions or learn additional information, which shall include a toll-free telephone number, an e-mail address, web site, or postal address.
- B. **Cooperation.** With respect to any breach of unsecured PHI reported by Contractor, Contractor shall cooperate with County and shall provide County with any information requested by County to enable County to fulfill in a timely manner its own reporting and notification obligations, including but not limited to providing notice to individuals, media outlets and the Secretary in accordance with 42 USC §17932 and 45 CFR §§ 164.404, 164.406 and 164.408.
- C. **Breach log.** To the extent breach of unsecured PHI involves less than 500 individuals, Contractor shall maintain a log or other documentation of such breaches and provide such log or other documentation on an annual basis to County not later than fifteen (15) days after the end of each calendar year for submission to the Secretary.
- D. **Delay of notification authorized by law enforcement.** If Contractor delays notification of breach of unsecured PHI pursuant to a law enforcement official's statement that required notification, notice or posting would impede a criminal investigation or cause damage to national security, Contractor shall maintain documentation sufficient to demonstrate its compliance with the requirements of 45 CFR §164.412.
- E. **Payment of costs.** With respect to any breach of unsecured PHI caused solely by the Contractor's failure to comply with one or more of its obligations under this Addendum and/or the provisions of HITECH, HIPAA, the Privacy Rule or the Security Rule, Contractor agrees to pay any and all costs associated with providing all legally required notifications to individuals, media outlets, and the Secretary. This provision shall not be construed to limit or diminish Contractor's obligations to indemnify, defend and hold harmless County under Section 9 of this Addendum.
- F. **Documentation.** Pursuant to 45 CFR §164.414(b), in the event Contractor's use or disclosure of PHI and/or ePHI violates the Privacy Rule, Contractor shall maintain documentation sufficient to demonstrate that all notifications were made by Contractor as required by 45 CFR Part 164, Subpart D, or that such use or disclosure did not constitute a breach.
9. **Hold Harmless/Indemnification.**
- A. Contractor agrees to indemnify and hold harmless County, all Agencies, Districts, Special Districts and Departments of County, their respective directors, officers, Board of Supervisors, elected and appointed officials, employees, agents and representatives from any liability whatsoever, based or asserted upon any services of Contractor, its officers, employees, subcontractors, agents or representatives arising out of or in any way relating to this Addendum, including but not limited to property damage, bodily injury, death, or any other element of any kind or nature whatsoever arising from the performance of Contractor, its officers, agents, employees, subcontractors, agents or representatives from this Addendum.

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Contractor shall defend, at its sole expense, all costs and fees, including but not limited to attorney fees, cost of investigation, defense and settlements or awards, of County, all Agencies, Districts, Special Districts and Departments of County, their respective directors, officers, Board of Supervisors, elected and appointed officials, employees, agents or representatives in any claim or action based upon such alleged acts or omissions.

- B. With respect to any action or claim subject to indemnification herein by Contractor, Contractor shall, at their sole cost, have the right to use counsel of their choice, subject to the approval of County, which shall not be unreasonably withheld, and shall have the right to adjust, settle, or compromise any such action or claim without the prior consent of County; provided, however, that any such adjustment, settlement or compromise in no manner whatsoever limits or circumscribes Contractor's indemnification to County as set forth herein. Contractor's obligation to defend, indemnify and hold harmless County shall be subject to County having given Contractor written notice within a reasonable period of time of the claim or of the commencement of the related action, as the case may be, and information and reasonable assistance, at Contractor's expense, for the defense or settlement thereof. Contractor's obligation hereunder shall be satisfied when Contractor has provided to County the appropriate form of dismissal relieving County from any liability for the action or claim involved.
  - C. The specified insurance limits required in the Underlying Agreement of this Addendum shall in no way limit or circumscribe Contractor's obligations to indemnify and hold harmless County herein from third party claims arising from issues of this Addendum.
  - D. In the event there is conflict between this clause and California Civil Code §2782, this clause shall be interpreted to comply with Civil Code §2782. Such interpretation shall not relieve the Contractor from indemnifying County to the fullest extent allowed by law.
  - E. In the event there is a conflict between this indemnification clause and an indemnification clause contained in the Underlying Agreement of this Addendum, this indemnification shall only apply to the subject issues included within this Addendum.
10. **Term.** This Addendum shall commence upon the Effective Date and shall terminate when all PHI and/or ePHI provided by County to Contractor, or created or received by Contractor on behalf of County, is destroyed or returned to County, or, if it is infeasible to return or destroy PHI and/ePHI, protections are extended to such information, in accordance with section 11.B of this Addendum.

11. **Termination.**

- A. **Termination for Breach of Contract.** A breach of any provision of this Addendum by either party shall constitute a material breach of the Underlying Agreement and will provide grounds for terminating this Addendum and the Underlying Agreement with or without an opportunity to cure the breach, notwithstanding any provision in the Underlying Agreement to the contrary. Either party, upon written notice to the other party describing the breach, may take any of the following actions:

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- (1) Terminate the Underlying Agreement and this Addendum, effective immediately, if the other party breaches a material provision of this Addendum.
- (2) Provide the other party with an opportunity to cure the alleged material breach and in the event the other party fails to cure the breach to the satisfaction of the non-breaching party in a timely manner, the non-breaching party has the right to immediately terminate the Underlying Agreement and this Addendum.
- (3) If termination of the Underlying Agreement is not feasible, the non-breaching party may report the problem to the Secretary, and upon the non-breaching party's request, the breaching party at its own expense shall implement a plan to cure the breach and report regularly on its compliance with such plan to the non-breaching party.

**B. Effect of Termination.**

- (1) Upon termination of this Addendum, for any reason, Contractor shall return or destroy all PHI and/or ePHI received from County, or created or received by the Contractor on behalf of County, and, in the event of destruction, Contractor shall certify such destruction, in writing, to County. This provision shall apply to all PHI and/or ePHI which are in the possession of subcontractors or agents of Contractor. Contractor shall retain no copies of PHI and/or ePHI, except as provided below in paragraph (2) of this section.
- (2) In the event that Contractor determines that returning or destroying the PHI and/or ePHI is not feasible, Contractor shall provide written notification to County of the conditions that make such return or destruction not feasible. Upon determination by Contractor that return or destruction of PHI and/or ePHI is not feasible, Contractor shall extend the protections of this Addendum to such PHI and/or ePHI and limit further uses and disclosures of such PHI and/or ePHI to those purposes which make the return or destruction not feasible, for so long as Contractor maintains such PHI and/or ePHI.

**12. General Provisions.**

- A. **Retention Period.** Whenever Contractor is required to document or maintain documentation pursuant to the terms of this Addendum, Contractor shall retain such documentation for 6 years from the date of its creation or as otherwise prescribed by law, whichever is later.
- B. **Amendment.** The parties agree to take such action as is necessary to amend this Addendum from time to time as is necessary for County to comply with HITECH, the Privacy Rule, Security Rule, and HIPAA generally.
- C. **Survival.** The obligations of Contractor under Sections 3, 5, 6, 7, 8, 9, 11.B and 12.A of this Addendum shall survive the termination or expiration of this Addendum.



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- D. **Regulatory and Statutory References.** A reference in this Addendum to a section in HITECH, HIPAA, the Privacy Rule and/or Security Rule means the section(s) as in effect or as amended.
- E. **Conflicts.** The provisions of this Addendum shall prevail over any provisions in the Underlying Agreement that conflict or appear inconsistent with any provision in this Addendum.
- F. **Interpretation of Addendum.**
- (1) This Addendum shall be construed to be part of the Underlying Agreement as one document. The purpose is to supplement the Underlying Agreement to include the requirements of the Privacy Rule, Security Rule, HIPAA and HITECH.
  - (2) Any ambiguity between this Addendum and the Underlying Agreement shall be resolved to permit County to comply with the Privacy Rule, Security Rule, HIPAA and HITECH generally.
- G. **Notices to County.** All notifications required to be given by Contractor pursuant to the terms of this Addendum shall be in writing and delivered to the County by either registered or certified mail return receipt requested or guaranteed overnight mail with tracing capability at the address listed below, or at such other address as County may hereafter designate. All notices provided by Contractor pursuant to this Section shall be deemed given or made when received by County.

Name: Riverside County Regional Medical Center, Compliance Department

Title: Compliance and Privacy Officer

Address: 26520 Cactus Avenue, Moreno Valley, CA 92555