

Appendix  
Exhibit 3

Home Care Services

| <b>SERVICE</b> | <b>HCPCS CODE</b> | <b>FEE</b> |
|----------------|-------------------|------------|
|----------------|-------------------|------------|

| PRIVATE NURSING CARE (PER HOUR)    |       |        |
|------------------------------------|-------|--------|
| Registered Nurse                   | S9123 | 70.00  |
| Licensed Practical Nurse           | S9124 | 65.00  |
| Home Health Aide                   | S9122 | 24.00  |
| Live-in Attendant (per 24 hr shift | S5126 | 180.00 |

| HOME HEALTH VISITS (PER VISIT) | HCPCS CODE |        |
|--------------------------------|------------|--------|
| Registered Nurse               | T1030      | 125.00 |
| Physical Therapist             | S9131      | 135.00 |
| Speech Therapist               | S9128      | 145.00 |
| Occupational Therapist         | S9129      | 135.00 |
| Medical Social Worker          | S9127      | 195.00 |