

SECTION B – 7A – PRIMARY CARE PHYSICIAN – BASE 1 SCREEN

PBP 2008 Data Entry System - #7a Primary Care - Base 1

File

RIGHT CLICK HERE FOR DESCRIPTION OF BENEFIT

If your plan offers in-network coverage such as through walk-in clinics or urgent care clinics during regular hours or after hours, then this benefit should be included in this category.

If cost sharing for this benefit is not the same as primary care, reflect the cost sharing in the range.

Enhanced Benefits are not applicable for this Service Category.

Maximum Plan Benefit Coverage is not applicable for this Service Category.

Is there a service-specific Maximum Enrollee Out-of-Pocket Cost?  
 Yes  
 No

Indicate Maximum Enrollee Out-of-Pocket Cost amount:  
\_\_\_\_\_

Select the Maximum Enrollee Out-of-Pocket Cost periodicity:  
 Every three years  
 Every two years  
 Every year  
 Every six months  
 Every three months  
 Other, describe

Is there an enrollee Coinsurance?  
 Yes  
 No

Indicate Minimum Coinsurance percentage for Medicare Covered Benefits:  
\_\_\_\_\_

Indicate Maximum Coinsurance percentage for Medicare Covered Benefits:  
\_\_\_\_\_

Select the Coinsurance Coverage Basis for Medicare Covered Benefits:  
 Published Fee Schedule  
 MA Organization Developed Fee Schedule  
 MA Organization Developed Cost Structure  
 Medicare Fee-for-Service Charge Structure  
 Medicare Fee-for-Service Fee Schedule  
 Other, describe

Is there an enrollee Deductible?  
 Yes  
 No

Indicate Deductible Amount:  
\_\_\_\_\_

Is there an enrollee Copayment?  
 Yes  
 No

Indicate Minimum Copayment amount per visit for Medicare Covered Benefits:  
\_\_\_\_\_

Indicate Maximum Copayment amount per visit for Medicare Covered Benefits:  
\_\_\_\_\_

**SECTION B – 7A – PRIMARY CARE PHYSICIAN – BASE 2 SCREEN**

PBP 2008 Data Entry System - #7a Primary Care - Base 2

File

Authorization is not applicable for this Service Category.

Notes (Optional):

Import Text

SECTION B – 7B – CHIROPRACTIC SERVICES – BASE 1 SCREEN

PBP 2008 Data Entry System - #7b Chiropractic Services - Base 1

File

RIGHT CLICK HERE FOR DESCRIPTION OF BENEFIT

Do you offer any Mandatory or Optional Supplemental Benefits?

Yes  
 No

Select enhanced benefit:

Routine Care

Select type of benefit for Routine Care:

Mandatory  
 Optional

Is this benefit unlimited for Routine Care?

Yes  
 No, indicate number

Indicate number of visits for Routine Care:

\_\_\_\_\_

Select Routine Care periodicity:

Every three years  
 Every two years  
 Every year  
 Every six months  
 Every three months  
 Other, describe

Is there a service-specific Maximum Plan Benefit Coverage amount?

Yes  
 No

Indicate Maximum Plan Benefit Coverage amount:

\_\_\_\_\_

Select Maximum Plan Benefit Coverage periodicity:

Every three years  
 Every two years  
 Every year  
 Every six months  
 Every three months  
 Other, describe

Select the Coverage Basis for Maximum Plan Benefit Coverage:

Published Fee Schedule  
 MA Organization Developed Fee Schedule  
 MA Organization Developed Cost Structure  
 Medicare Fee for Service Charge Structure  
 Other, describe

Is there a service-specific Maximum Enrollee Out-of-Pocket Cost?

Yes  
 No

Indicate Maximum Enrollee Out-of-Pocket Cost amount:

\_\_\_\_\_

Select the Maximum Enrollee Out-of-Pocket Cost periodicity:

Every three years  
 Every two years  
 Every year  
 Every six months  
 Every three months  
 Other, describe

SECTION B – 7B – CHIROPRACTIC SERVICES – BASE 2 SCREEN

PBP 2008 Data Entry System - #7b Chiropractic Services - Base 2

File

Is there an enrollee Coinsurance?  
 Yes  
 No

Indicate Minimum Coinsurance percentage per visit for Medicare Covered Benefits:  
\_\_\_\_\_

Indicate Maximum Coinsurance percentage per visit for Medicare Covered Benefits:  
\_\_\_\_\_

Select the Coinsurance Coverage Basis for Medicare Covered Benefits:  
 Published Fee Schedule  
 MA Organization Developed Fee Schedule  
 MA Organization Developed Cost Structure  
 Medicare Fee-for-Service Charge Structure  
 Other, describe

Indicate the Minimum Coinsurance percentage per visit for Routine Care:  
\_\_\_\_\_

Indicate the Maximum Coinsurance percentage per visit for Routine Care:  
\_\_\_\_\_

Select the Coinsurance Coverage Basis for Routine Care:  
 Published Fee Schedule  
 MA Organization Developed Fee Schedule  
 MA Organization Developed Cost Structure  
 Medicare Fee-for-Service Charge Structure  
 Other, describe

SECTION B – 7B – CHIROPRACTIC SERVICES – BASE 3 SCREEN

PBP 2008 Data Entry System - #7b Chiropractic Services - Base 3

File

Is there an enrollee Deductible?  
 Yes  
 No

Indicate Deductible Amount:

Is there an enrollee Copayment?  
 Yes  
 No

Indicate Minimum Copayment amount for Medicare Covered Benefits:

Indicate Maximum Copayment amount for Medicare Covered Benefits:

Indicate Minimum Copayment amount per visit for Routine Care:

Indicate Maximum Copayment amount per visit for Routine Care:

Enrollee must receive Authorization from one or more of the following:  
 None  
 Primary Care Physician (Internist/Family Practice, General Practice)  
 Physician Specialist  
 Organization Medical Director/Utilization Management/Utilization Review  
 Other, describe

Is a referral required for Chiropractic Services?  
 Yes  
 No

**SECTION B – 7B – CHIROPRACTIC SERVICES – BASE 4 SCREEN**

The screenshot shows a software window titled "PBP 2008 Data Entry System - #7b Chiropractic Services - Base 4". The window has a standard Windows-style title bar with minimize, maximize, and close buttons. Below the title bar is a menu bar with the option "File". The main content area is divided into sections: a header section labeled "Chiropractic Services Notes", a section labeled "Notes (Optional):" which contains a large, empty rectangular text input area, and a footer section containing a button labeled "Import Text".

SECTION B – 7c – OCCUPATIONAL THERAPY – BASE 1 SCREEN

PBP 2008 Data Entry System - #7c Occupational Therapy - Base 1

File

RIGHT CLICK HERE FOR DESCRIPTION OF BENEFIT

Enhanced Benefits are not applicable for this Service Category.

Maximum Plan Benefit Coverage is not applicable for this Service Category.

Is there a service-specific Maximum Enrollee Out-of-Pocket Cost?  
 Yes  
 No

Indicate Maximum Enrollee Out-of-Pocket Cost amount:  
\_\_\_\_\_

Select the Maximum Enrollee Out-of-Pocket Cost periodicity:  
 Every three years  
 Every two years  
 Every year  
 Every six months  
 Every three months  
 Other, describe

Is there an enrollee Coinsurance?  
 Yes  
 No

Indicate Minimum Coinsurance percentage for Medicare Covered Benefits per visit:  
\_\_\_\_\_

Indicate Maximum Coinsurance percentage for Medicare Covered Benefits per visit:  
\_\_\_\_\_

Select the Coinsurance Coverage Basis for Medicare Covered Benefits:  
 Published Fee Schedule  
 MA Organization Developed Fee Schedule  
 MA Organization Developed Cost Structure  
 Medicare Fee-for-Service Charge Structure  
 Other, describe

Is there an enrollee Deductible?  
 Yes  
 No

Indicate Deductible Amount:  
\_\_\_\_\_

Is there an enrollee Copayment?  
 Yes  
 No

Indicate Minimum Copayment amount per visit for Medicare Covered Benefits:  
\_\_\_\_\_

Indicate Maximum Copayment amount per visit for Medicare Covered Benefits:  
\_\_\_\_\_

Is there a separate cost share for the facility in which the service is received?  
 Yes  
 No

**SECTION B – 7C – OCCUPATIONAL THERAPY – BASE 2 SCREEN**

File

Enrollee must receive Authorization from one or more of the following:

- None
- Primary Care Physician (Internist/Family Practice, General Practice)
- Physician Specialist
- Organization Medical Director/Utilization Management/Utilization Review
- Other, describe

Is a referral required for Occupational Therapy Services?

Yes

No

Notes (Optional):

Import Text



SECTION B – 7D – PHYSICIAN SPECIALIST – BASE 1 SCREEN

PBP 2008 Data Entry System - #7d Physician Specialist - Base 1

File

RIGHT CLICK HERE FOR DESCRIPTION OF BENEFIT

Enhanced Benefits are not applicable for this Service Category.

Maximum Plan Benefit Coverage is not applicable for this Service Category.

Is there a service-specific Maximum Enrollee Out-of-Pocket Cost?

Yes  
 No

Indicate Maximum Enrollee Out-of-Pocket Cost amount:

Select the Maximum Enrollee Out-of-Pocket Cost periodicity:

Every three years  
 Every two years  
 Every year  
 Every six months  
 Every three months  
 Other, describe

Is there an enrollee Coinsurance?

Yes  
 No

Indicate Minimum Coinsurance percentage for Medicare Covered Benefits:

Indicate Maximum Coinsurance percentage for Medicare Covered Benefits:

Select the Coinsurance Coverage Basis for Medicare Covered Benefits:

Published Fee Schedule  
 MA Organization Developed Fee Schedule  
 MA Organization Developed Cost Structure  
 Medicare Fee-for-Service Charge Structure  
 Medicare Fee-for-Service Fee Schedule  
 Other, describe

Is there an enrollee Deductible?

Yes  
 No

Indicate Deductible Amount:

Is there an enrollee Copayment?

Yes  
 No

Indicate Minimum Copayment amount per visit for Medicare Covered Benefits:

Indicate Maximum Copayment amount per visit for Medicare Covered Benefits:

**SECTION B – 7D – PHYSICIAN SPECIALIST – BASE 2 SCREEN**

File

Enrollee must receive Authorization from one or more of the following:

- None
- Primary Care Physician (Internist/Family Practice, General Practice)
- Physician Specialist
- Organization Medical Director/Utilization Management/Utilization Review
- Other, describe

Is a referral required for Physician Specialist Services?

Yes

No

Notes (Optional):

Import Text

SECTION B – 7E – MENTAL HEALTH SERVICES – BASE 1 SCREEN

PBP 2008 Data Entry System - #7e Mental Health - Base 1

File

RIGHT CLICK HERE FOR DESCRIPTION OF BENEFIT

Enhanced Benefits are not applicable for this Service Category.

Maximum Plan Benefit Coverage is not applicable for this Service Category.

Is there a service-specific Maximum Enrollee Out-of-Pocket Cost?

Yes

No

Indicate Maximum Enrollee Out-of-Pocket Cost amount:

Select Maximum Enrollee Out-of-Pocket Cost periodicity:

Every three years

Every two years

Every year

Every six months

Every three months

Other, describe

SECTION B – 7E – MENTAL HEALTH SERVICES – BASE 2 SCREEN

PBP 2008 Data Entry System - #7e Mental Health - Base 2

File

Is there an enrollee Coinsurance?  
 Yes  
 No

Indicate the number of session intervals for an Individual Session for the Medicare Covered Benefits:  
 One  
 Two  
 Three

Indicate the coinsurance percentage and session interval(s) for an Individual Session for Medicare Covered Benefits (always enter "999" as the last interval number; e.g., 1 to 10; 11 to 20; 21 to 999):

Coinsurance % Interval 1: <input type="text"/>	Begin Session Interval 1: <input type="text"/>	End Session Interval 1: <input type="text"/>
Coinsurance % Interval 2: <input type="text"/>	Begin Session Interval 2: <input type="text"/>	End Session Interval 2: <input type="text"/>
Coinsurance % Interval 3: <input type="text"/>	Begin Session Interval 3: <input type="text"/>	End Session Interval 3: <input type="text"/>

Select the Coinsurance Coverage Basis for an Individual Session for Medicare Covered Benefits:  
 Published Fee Schedule  
 MA Organization Developed Fee Schedule  
 MA Organization Developed Cost Structure  
 Medicare Fee-for-Service Charge Structure  
 Other, describe

SECTION B – 7E – MENTAL HEALTH SERVICES – BASE 3 SCREEN

PBP 2008 Data Entry System - #7e Mental Health - Base 3

File

Indicate the number of session intervals for a Group Session for the Medicare Covered Benefits:

One  
 Two  
 Three

Indicate the coinsurance percentage and session interval(s) for a Group Session for Medicare Covered Benefits (always enter "999" as the last interval number; e.g., 1 to 10; 11 to 20; 21 to 999):

Coinsurance % Interval 1: <input type="text"/>	Begin Session Interval 1: <input type="text"/>	End Session Interval 1: <input type="text"/>
Coinsurance % Interval 2: <input type="text"/>	Begin Session Interval 2: <input type="text"/>	End Session Interval 2: <input type="text"/>
Coinsurance % Interval 3: <input type="text"/>	Begin Session Interval 3: <input type="text"/>	End Session Interval 3: <input type="text"/>

Select the Coinsurance Coverage Basis for a Group Session for Medicare Covered Benefits:

Published Fee Schedule  
 MA Organization Developed Fee Schedule  
 MA Organization Developed Cost Structure  
 Medicare Fee-for-Service Charge Structure  
 Other, describe

Is there an enrollee Deductible?  
 Yes  
 No

Indicate Deductible Amount:

SECTION B – 7E – MENTAL HEALTH SERVICES – BASE 4 SCREEN

**PBP 2008 Data Entry System - #7e Mental Health - Base 4**

File

Is there an enrollee Copayment?

Yes

No

---

Indicate the number of session intervals for an Individual Session for the Medicare Covered Benefits:

One

Two

Three

---

Indicate the copayment amount and session interval(s) for an Individual Session for Medicare Covered Benefits (always enter "999" as the last interval number; e.g., 1 to 10; 11 to 20; 21 to 999):

Copayment Amt Interval 1: <input style="width: 100%;" type="text"/>	Begin Session Interval 1: <input style="width: 100%;" type="text"/>	End Session Interval 1: <input style="width: 100%;" type="text"/>
Copayment Amt Interval 2: <input style="width: 100%;" type="text"/>	Begin Session Interval 2: <input style="width: 100%;" type="text"/>	End Session Interval 2: <input style="width: 100%;" type="text"/>
Copayment Amt Interval 3: <input style="width: 100%;" type="text"/>	Begin Session Interval 3: <input style="width: 100%;" type="text"/>	End Session Interval 3: <input style="width: 100%;" type="text"/>

Indicate the number of session intervals for a Group Session for the Medicare Covered Benefits:

One

Two

Three

---

Indicate the copayment amount and session interval(s) for a Group Session for Medicare Covered Benefits (always enter "999" as the last interval number; e.g., 1 to 10; 11 to 20; 21 to 999):

Copayment Amt Interval 1: <input style="width: 100%;" type="text"/>	Begin Session Interval 1: <input style="width: 100%;" type="text"/>	End Session Interval 1: <input style="width: 100%;" type="text"/>
Copayment Amt Interval 2: <input style="width: 100%;" type="text"/>	Begin Session Interval 2: <input style="width: 100%;" type="text"/>	End Session Interval 2: <input style="width: 100%;" type="text"/>
Copayment Amt Interval 3: <input style="width: 100%;" type="text"/>	Begin Session Interval 3: <input style="width: 100%;" type="text"/>	End Session Interval 3: <input style="width: 100%;" type="text"/>

SECTION B – 7E – MENTAL HEALTH SERVICES – BASE 5 SCREEN

File

Enrollee must receive Authorization from one or more of the following:

- None
- Primary Care Physician (Internist/Family Practice, General Practice)
- Physician Specialist
- Organization Medical Director/Utilization Management/Utilization Review
- Other, describe

Is a referral required for Mental Health Specialty Services - Non-Physician?

Yes

No

Notes (Optional):

Import Text

SECTION B – 7F – PODIATRY SERVICES – BASE 1 SCREEN

PBP 2008 Data Entry System - #7f Podiatry Services - Base 1

File

RIGHT CLICK HERE FOR DESCRIPTION OF BENEFIT

Do you offer any Mandatory or Optional Supplemental Benefits?

Yes  
 No

Select enhanced benefits:

Routine Footcare

Select type of benefit for Routine Footcare:

Mandatory  
 Optional

Is this benefit unlimited for Routine Footcare?

Yes  
 No

Indicate number of Routine Footcare visits:

\_\_\_\_\_

Select the Routine Footcare periodicity:

Every three years  
 Every two years  
 Every year  
 Every six months  
 Every three months  
 Other, describe

Is there a service-specific Maximum Plan Benefit Coverage amount?

Yes  
 No

Indicate Maximum Plan Benefit Coverage amount:

\_\_\_\_\_

Select Maximum Plan Benefit Coverage periodicity:

Every three years  
 Every two years  
 Every year  
 Every six months  
 Every three months  
 Other, describe

Select the Coverage Basis for Maximum Plan Benefit Coverage:

Published Fee Schedule  
 MA Organization Developed Fee Schedule  
 MA Organization Developed Cost Structure  
 Medicare Fee-for-Service Charge Structure  
 Other, describe

Is there a service-specific Maximum Enrollee Out-of-Pocket Cost?

Yes  
 No

Indicate Maximum Enrollee Out-of-Pocket Cost amount:

\_\_\_\_\_

Select the Maximum Enrollee Out-of-Pocket Cost periodicity:

Every three years  
 Every two years  
 Every year  
 Every six months  
 Every three months  
 Other, describe



SECTION B – 7F – PODIATRY SERVICES – BASE 2 SCREEN

PBP 2008 Data Entry System - #7f Podiatry Services - Base 2

File

Is there an enrollee Coinsurance? <input type="radio"/> Yes <input type="radio"/> No	Indicate Minimum Coinsurance percentage for Routine Footcare: <input type="text"/>	Is there an enrollee Copayment? <input type="radio"/> Yes <input type="radio"/> No
Indicate Minimum Coinsurance percentage for Medicare Covered Benefits: <input type="text"/>	Indicate Maximum Coinsurance percentage for Routine Footcare: <input type="text"/>	Indicate Minimum Copayment amount per visit for Medicare Covered Benefits: <input type="text"/>
Indicate Maximum Coinsurance percentage for Medicare Covered Benefits: <input type="text"/>	Select the Coinsurance Coverage Basis for Routine Footcare: <input type="radio"/> Published Fee Schedule <input type="radio"/> MA Organization Developed Fee Schedule <input type="radio"/> MA Organization Developed Cost Structure <input type="radio"/> Medicare Fee-for-Service Charge Structure <input type="radio"/> Other, describe	Indicate Maximum Copayment amount per visit for Medicare Covered Benefits: <input type="text"/>
Select the Coinsurance Coverage Basis for Medicare Covered Benefits: <input type="radio"/> Published Fee Schedule <input type="radio"/> MA Organization Developed Fee Schedule <input type="radio"/> MA Organization Developed Cost Structure <input type="radio"/> Medicare Fee-for-Service Charge Structure <input type="radio"/> Other, describe	Is there an enrollee Deductible? <input type="radio"/> Yes <input type="radio"/> No	Indicate Minimum Copayment amount per visit for Routine Footcare: <input type="text"/>
	Indicate Deductible Amount: <input type="text"/>	Indicate Maximum Copayment amount per visit for Routine Footcare: <input type="text"/>

**SECTION B – 7F – PODIATRY SERVICES – BASE 3 SCREEN**

File

Enrollee must receive Authorization from one or more of the following:

- None
- Primary Care Physician (Internist/Family Practice, General Practice)
- Physician Specialist
- Organization Medical Director/Utilization Management/Utilization Review
- Other, describe

Is a referral required for Podiatrist Services?

Yes

No

Notes (Optional):

Import Text

SECTION B – 7G – OTHER HEALTH CARE PROFESSIONALS – BASE 1 SCREEN

PBP 2008 Data Entry System - #7g Other Health Care - Base 1

File

RIGHT CLICK HERE FOR DESCRIPTION OF BENEFIT

Enhanced Benefits are not applicable for this Service Category.

Maximum Plan Benefit Coverage is not applicable for this Service Category.

Is there a service-specific Maximum Enrollee Out-of-Pocket Cost?

Yes  
 No

Indicate Maximum Enrollee Out-of-Pocket Cost amount:

Select the Maximum Enrollee Out-of-Pocket Cost periodicity:

Every three years  
 Every two years  
 Every year  
 Every six months  
 Every three months  
 Other, describe

Is there an enrollee Coinsurance?

Yes  
 No

Indicate Minimum Coinsurance percentage for Medicare Covered Benefits:

Indicate Maximum Coinsurance percentage for Medicare Covered Benefits:

Select the Coinsurance Coverage Basis for Medicare Covered Benefits:

Published Fee Schedule  
 MA Organization Developed Fee Schedule  
 MA Organization Developed Cost Structure  
 Medicare Fee-for-Service Charge Structure  
 Other, describe

Is there an enrollee Deductible?

Yes  
 No

Indicate Deductible Amount:

Is there an enrollee Copayment?

Yes  
 No

Indicate Minimum Copayment amount per visit for Medicare Covered Benefits:

Indicate Maximum Copayment amount per visit for Medicare Covered Benefits:

**SECTION B – 7G – OTHER HEALTH CARE PROFESSIONALS – BASE 2 SCREEN**

File

Enrollee must receive Authorization from one or more of the following:

- None
- Primary Care Physician (Internist/Family Practice, General Practice)
- Physician Specialist
- Organization Medical Director/Utilization Management/Utilization Review
- Other, describe

Is a referral required for Other Health Care Professional Services?

Yes

No

Notes (Optional):

Import Text

SECTION B – 7H – PSYCHIATRIC SERVICES – BASE 1 SCREEN

PBP 2008 Data Entry System - #7h Psychiatric Services - Base 1

File

RIGHT CLICK HERE FOR DESCRIPTION OF BENEFIT

Enhanced Benefits are not applicable for this Service Category.

Maximum Plan Benefit Coverage is not applicable for this Service Category.

Is there a service-specific Maximum Enrollee Out-of-Pocket Cost?

Yes

No

Indicate Maximum Enrollee Out-of-Pocket Cost amount:

Select the Maximum Enrollee Out-of-Pocket Cost periodicity:

Every three years

Every two years

Every year

Every six months

Every three months

Other, describe

SECTION B – 7H – PSYCHIATRIC SERVICES – BASE 2 SCREEN

PBP 2008 Data Entry System - #7h Psychiatric Services - Base 2

File

Is there an enrollee Coinsurance?  
 Yes  
 No

Indicate the number of session intervals for an Individual Session for the Medicare Covered Benefits:  
 One  
 Two  
 Three

Indicate the coinsurance percentage and session interval(s) for an Individual Session for Medicare Covered Benefits (always enter "999" as the last interval number; e.g., 1 to 10; 11 to 20; 21 to 999):

Coinsurance % Interval 1: <input type="text"/>	Begin Session Interval 1: <input type="text"/>	End Session Interval 1: <input type="text"/>
Coinsurance % Interval 2: <input type="text"/>	Begin Session Interval 2: <input type="text"/>	End Session Interval 2: <input type="text"/>
Coinsurance % Interval 3: <input type="text"/>	Begin Session Interval 3: <input type="text"/>	End Session Interval 3: <input type="text"/>

Select the Coinsurance Coverage Basis per Individual Session for Medicare Covered Benefits:  
 Published Fee Schedule  
 MA Organization Developed Fee Schedule  
 MA Organization Developed Cost Structure  
 Medicare Fee-for-Service Charge Structure  
 Other, describe

SECTION B – 7H – PSYCHIATRIC SERVICES – BASE 3 SCREEN

PBP 2008 Data Entry System - #7h Psychiatric Services - Base 3

File

Indicate the number of session intervals for a Group Session for the Medicare Covered Benefits:

One  
 Two  
 Three

Indicate the coinsurance percentage and session interval(s) for a Group Session for Medicare Covered Benefits (always enter "999" as the last interval number; e.g., 1 to 10; 11 to 20; 21 to 999):

Coinsurance % Interval 1: <input type="text"/>	Begin Session Interval 1: <input type="text"/>	End Session Interval 1: <input type="text"/>
Coinsurance % Interval 2: <input type="text"/>	Begin Session Interval 2: <input type="text"/>	End Session Interval 2: <input type="text"/>
Coinsurance % Interval 3: <input type="text"/>	Begin Session Interval 3: <input type="text"/>	End Session Interval 3: <input type="text"/>

Select the Coinsurance Coverage Basis per Group Session for Medicare Covered Benefits:

Published Fee Schedule  
 MA Organization Developed Fee Schedule  
 MA Organization Developed Cost Structure  
 Medicare Fee-for-Service Charge Structure  
 Other, describe

Is there an enrollee Deductible?  
 Yes  
 No

Indicate Deductible Amount:

SECTION B – 7H – PSYCHIATRIC SERVICES – BASE 4 SCREEN

**PBP 2008 Data Entry System - #7h Psychiatric Services - Base 4**

File

Is there an enrollee Copayment?  
 Yes  
 No

Indicate the number of session intervals for an Individual Session for the Medicare Covered Benefits:  
 One  
 Two  
 Three

Indicate the copayment amount and session interval(s) for an Individual Session for Medicare Covered Benefits (always enter "999" as the last interval number; e.g., 1 to 10; 11 to 20; 21 to 999):

Copayment Amt Interval 1: <input style="width: 100%;" type="text"/>	Begin Session Interval 1: <input style="width: 100%;" type="text"/>	End Session Interval 1: <input style="width: 100%;" type="text"/>
Copayment Amt Interval 2: <input style="width: 100%;" type="text"/>	Begin Session Interval 2: <input style="width: 100%;" type="text"/>	End Session Interval 2: <input style="width: 100%;" type="text"/>
Copayment Amt Interval 3: <input style="width: 100%;" type="text"/>	Begin Session Interval 3: <input style="width: 100%;" type="text"/>	End Session Interval 3: <input style="width: 100%;" type="text"/>

Indicate the number of session intervals for a Group Session for the Medicare Covered Benefits:  
 One  
 Two  
 Three

Indicate the copayment amount and session interval(s) for a Group Session for Medicare Covered Benefits (always enter "999" as the last interval number; e.g., 1 to 10; 11 to 20; 21 to 999):

Copayment Amt Interval 1: <input style="width: 100%;" type="text"/>	Begin Session Interval 1: <input style="width: 100%;" type="text"/>	End Session Interval 1: <input style="width: 100%;" type="text"/>
Copayment Amt Interval 2: <input style="width: 100%;" type="text"/>	Begin Session Interval 2: <input style="width: 100%;" type="text"/>	End Session Interval 2: <input style="width: 100%;" type="text"/>
Copayment Amt Interval 3: <input style="width: 100%;" type="text"/>	Begin Session Interval 3: <input style="width: 100%;" type="text"/>	End Session Interval 3: <input style="width: 100%;" type="text"/>



**SECTION B – 7H – PSYCHIATRIC SERVICES – BASE 5 SCREEN**

File

Enrollee must receive Authorization from one or more of the following:

- None
- Primary Care Physician (Internist/Family Practice, General Practice)
- Physician Specialist
- Organization Medical Director/Utilization Management/Utilization Review
- Other, describe

Is a referral required for Psychiatric Services?

Yes

No

Notes (Optional):

Import Text

SECTION B – 7I – PHYSICAL THERAPY AND SPEECH-LANGUAGE SERVICES – BASE 1 SCREEN

PBP 2008 Data Entry System - #7i PT and SP Services - Base 1

File

RIGHT CLICK HERE FOR DESCRIPTION OF BENEFIT

Enhanced Benefits are not applicable for this Service Category.

Maximum Plan Benefit Coverage is not applicable for this Service Category.

Is there a service-specific Maximum Enrollee Out-of-Pocket Cost?  
 Yes  
 No

Indicate Maximum Enrollee Out-of-Pocket Cost amount:  
\_\_\_\_\_

Select the Maximum Enrollee Out-of-Pocket Cost periodicity:  
 Every three years  
 Every two years  
 Every year  
 Every six months  
 Every three months  
 Other, describe

Is there an enrollee Coinsurance?  
 Yes  
 No

Indicate Minimum Coinsurance percentage per visit for Medicare Covered Benefits:  
\_\_\_\_\_

Indicate Maximum Coinsurance percentage per visit for Medicare Covered Benefits:  
\_\_\_\_\_

Select the Coinsurance Coverage Basis for Medicare Covered Benefits:  
 Published Fee Schedule  
 MA Organization Developed Fee Schedule  
 MA Organization Developed Cost Structure  
 Medicare Fee-for-Service Charge Structure  
 Other, describe

Is there an enrollee Deductible?  
 Yes  
 No

Indicate Deductible Amount:  
\_\_\_\_\_

Is there an enrollee Copayment?  
 Yes  
 No

Indicate Minimum Copayment amount per visit for Medicare Covered Benefits:  
\_\_\_\_\_

Indicate Maximum Copayment amount per visit for Medicare Covered Benefits:  
\_\_\_\_\_

Is there a separate cost share for the facility in which the service is received?  
 Yes  
 No

**SECTION B – 7I – PHYSICAL THERAPY AND SPEECH-LANGUAGE SERVICES – BASE 2 SCREEN**

File

Enrollee must receive Authorization from one or more of the following:

- None
- Primary Care Physician (Internist/Family Practice, General Practice)
- Physician Specialist
- Organization Medical Director/Utilization Management/Utilization Review
- Other, describe

Is a referral required for Physical Therapy and Speech-Language Therapy Services?

Yes

No

Notes (Optional):

Import Text