

SECTION B – 8A – OUTPATIENT DIAGNOSTIC PROCEDURES AND TESTS AND LAB SERVICES – BASE 1 SCREEN

PBP 2008 Data Entry System - #8a Diag Proc/LabSvcs - 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 – 8A – OUTPATIENT DIAGNOSTIC PROCEDURES AND TESTS AND LAB SERVICES – BASE 2 SCREEN

File

Is there an enrollee Coinsurance?

Yes

No

Indicate Minimum Coinsurance percentage for Medicare Covered Diagnostic Procedures/Tests:

Indicate Maximum Coinsurance percentage for Medicare Covered Diagnostic Procedures/Tests:

Select the Coinsurance Coverage Basis for Medicare Covered Diagnostic Procedures/Tests:

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

Indicate Minimum Coinsurance percentage for Medicare Covered Lab Services:

Indicate Maximum Coinsurance percentage for Medicare Covered Lab Services:

Select the Coinsurance Coverage Basis for Medicare Covered Lab Services:

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

SECTION B – 8A – OUTPATIENT DIAGNOSTIC PROCEDURES AND TESTS AND LAB SERVICES – BASE 3 SCREEN

PBP 2008 Data Entry System - (repaint)#8a Diag Proc/Lab5vcs - 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 Diagnostic Procedures/Tests:

Indicate Maximum Copayment amount for Medicare Covered Diagnostic Procedures/Tests:

Indicate Minimum Copayment amount for Medicare Covered Lab Services:

Indicate Maximum Copayment amount for Medicare Covered Lab Services:

Indicate whether a separate office visit cost share applies for services:
 Yes
 No
 Sometimes, describe

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

SECTION B – 8A – OUTPATIENT DIAGNOSTIC PROCEDURES AND TESTS AND LAB SERVICES – BASE 4 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 Outpatient Diagnostic Procedures/Test/Lab Services?

Yes

No

Notes (Optional):

Import Text

SECTION B – 8B – OUTPATIENT DIAGNOSTIC AND THERAPEUTIC RADIOLOGICAL SERVICES – BASE 1 SCREEN

PBP 2008 Data Entry System - (repaint)#8b Diag Rad/Xray Svcs- 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

Is there an enrollee Coinsurance?

Yes
 No

Indicate Minimum Coinsurance percentage for Medicare Covered X-Ray Services:

Indicate Maximum Coinsurance percentage for Medicare Covered X-Ray Services:

Select the Coinsurance Coverage Basis for Medicare Covered X-Ray Services:

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

SECTION B – 8B – OUTPATIENT DIAGNOSTIC AND THERAPEUTIC RADIOLOGICAL SERVICES – BASE 2 SCREEN

PBP 2008 Data Entry System - (repaint)#8b Diag Rad/Xray Svcs- Base 2

File

Indicate Minimum Coinsurance percentage for other Medicare Covered Diagnostic Radiological Services: <input type="text"/>	Indicate Minimum Coinsurance percentage for Medicare Covered Therapeutic Radiological Services: <input type="text"/>
Indicate Maximum Coinsurance percentage for other Medicare Covered Diagnostic Radiological Services: <input type="text"/>	Indicate Maximum Coinsurance percentage for Medicare Covered Therapeutic Radiological Services: <input type="text"/>
Select the Coinsurance Coverage Basis for other Medicare Covered Diagnostic Radiological Services: <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"/> Medicare Fee-for-Service Fee Schedule <input type="radio"/> Other, describe	Select the Coinsurance Coverage Basis for other Medicare Covered Therapeutic Radiological Services: <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"/> Medicare Fee-for-Service Fee Schedule <input type="radio"/> Other, describe

SECTION B – 8B – OUTPATIENT DIAGNOSTIC AND THERAPEUTIC RADIOLOGICAL SERVICES – BASE 3 SCREEN

PBP 2008 Data Entry System - (repaint)#8b Diag Rad/Xray Svcs- Base 3

File

Is there an enrollee Deductible? <input type="radio"/> Yes <input type="radio"/> No	Indicate Minimum Copayment amount for Medicare Covered Therapeutic Radiological Services: <input type="text"/>
Indicate Deductible Amount: <input type="text"/>	Indicate Maximum Copayment amount for Medicare Covered Therapeutic Radiological Services: <input type="text"/>
Is there an enrollee Copayment? <input type="radio"/> Yes <input type="radio"/> No	Indicate whether a separate office visit cost share applies for services: <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Sometimes, describe
Indicate Minimum Copayment amount for Medicare Covered X-Ray Services: <input type="text"/>	Is there a separate cost share for the facility in which the service is received? <input type="radio"/> Yes <input type="radio"/> No
Indicate Maximum Copayment amount for Medicare Covered X-Ray Services: <input type="text"/>	Enrollee must receive Authorization from one or more of the following: <input type="checkbox"/> None <input type="checkbox"/> Primary Care Physician (Internist/Family Practice, General Practice) <input type="checkbox"/> Physician Specialist <input type="checkbox"/> Organization Medical Director/Utilization Management/Utilization Review <input type="checkbox"/> Other, describe
Indicate Minimum Copayment amount for other Medicare Covered Diagnostic Radiological Services: <input type="text"/>	Is a referral required for Outpatient Diagnostic/Therapeutic Radiological, and X-Ray Services? <input type="radio"/> Yes <input type="radio"/> No
Indicate Maximum Copayment amount for other Medicare Covered Diagnostic Radiological Services: <input type="text"/>	

SECTION B – 8B – OUTPATIENT DIAGNOSTIC AND THERAPEUTIC RADIOLOGICAL SERVICES – BASE 4 SCREEN

The screenshot shows a software window titled "PBP 2008 Data Entry System - (repaint)#8b Diag Rad/Xray Svcs- Base 4". The window has a menu bar with "File" and a header area containing "Outpatient Diagnostic and Therapeutic Radiological Services Notes". Below the header is a large text area labeled "Notes (Optional):". At the bottom right of the text area is a button labeled "Import Text".