

SECTION B – 11A – DME – BASE 1 SCREEN

PBP 2008 Data Entry System - #11a DME - Base 1

File

<p>RIGHT CLICK HERE FOR DESCRIPTION OF BENEFIT</p>	<p>Is there an enrollee Coinsurance? <input type="radio"/> Yes <input type="radio"/> No</p>	<p>Indicate Discount percentage of the Published Retail Price: <input type="text"/></p>
<p>Enhanced Benefits are not applicable for this Service Category.</p>	<p>Indicate Minimum Coinsurance percentage for Medicare Covered Benefits: <input type="text"/></p>	<p>Is there an enrollee Deductible? <input type="radio"/> Yes <input type="radio"/> No</p>
<p>Maximum Plan Benefit Coverage is not applicable for this Service Category.</p>	<p>Indicate Maximum Coinsurance percentage for Medicare Covered Benefits: <input type="text"/></p>	<p>Indicate Deductible Amount: <input type="text"/></p>
<p>Is there a service-specific Maximum Enrollee Out-of-Pocket Cost? <input type="radio"/> Yes <input type="radio"/> No</p>	<p>Select the Coinsurance Coverage Basis for Medicare Covered Benefits:</p> <ul style="list-style-type: none"> <input type="radio"/> Discount (___%) of Published Retail Price <input type="radio"/> Published Retail Price <input type="radio"/> Published Wholesale Price <input type="radio"/> Published National Average Wholesale Price (AWP) <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 	<p>Is there an enrollee Copayment? <input type="radio"/> Yes <input type="radio"/> No</p>
<p>Indicate Maximum Enrollee Out-of-Pocket Cost amount: <input type="text"/></p>	<p>Indicate Minimum Copayment amount per item for Medicare Covered Benefits: <input type="text"/></p>	<p>Indicate Maximum Copayment amount per item for Medicare Covered Benefits: <input type="text"/></p>
<p>Select Maximum Enrollee Out-of-Pocket Cost periodicity:</p> <ul style="list-style-type: none"> <input type="radio"/> Every three years <input type="radio"/> Every two years <input type="radio"/> Every year <input type="radio"/> Every six months <input type="radio"/> Every three months <input type="radio"/> Other, describe 		

SECTION B – 11A – DME – BASE 2 SCREEN

PBP 2008 Data Entry System - (repaint)#11a DME - Base 2

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

PFFS and ESRD I Plans Only (Optional): Enter the maximum amount of an equipment or device purchase that the plan would allow before charging the beneficiary a penalty for not receiving prior authorization from the plan:

PFFS and ESRD I Plans Only (Optional): Enter the percentage of billed charges that a beneficiary must pay if prior authorization is not received from the plan:

Referral is not applicable for this Service Category.

Notes (Optional):

Import Text

SECTION B – 11B – PROSTHETICS AND MEDICAL SUPPLIES – BASE 1 SCREEN

PBP 2008 Data Entry System - #11b Pros./Med. Supp. - 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

Select Maximum Enrollee Out-of-Pocket Cost type:

Covered under DME Category 11a
 Plan-specified amount per period

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 Prosthetic Devices:

Indicate Maximum Coinsurance percentage for Medicare Covered Prosthetic Devices:

Select the Coinsurance Coverage Basis for Medicare Covered Prosthetic Devices:

Discount (___%) of Published Retail Price
 Published Retail Price
 Published Wholesale Price
 Published National Average Wholesale Price (AWP)
 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 Discount percentage of the Published Retail Price:

SECTION B – 11B – PROSTHETICS AND MEDICAL SUPPLIES – BASE 2 SCREEN

PBP 2008 Data Entry System - #11b Pros./Med. Supp. - Base 2

File

Indicate Minimum Coinsurance percentage for Medicare Covered Medical Supplies: <input type="text"/>	Is there an enrollee Deductible? <input type="radio"/> Yes <input type="radio"/> No
Indicate Maximum Coinsurance percentage for Medicare Covered Medical Supplies: <input type="text"/>	Indicate Deductible Amount: <input type="text"/>
Select the Coinsurance Coverage Basis for Medicare Covered Medical Supplies: <input type="radio"/> Discount (__%) of Published Retail Price <input type="radio"/> Published Retail Price <input type="radio"/> Published Wholesale Price <input type="radio"/> Published National Average Wholesale Price (AWP) <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	Is there an enrollee Copayment? <input type="radio"/> Yes <input type="radio"/> No
Indicate Discount percentage of the Published Retail Price: <input type="text"/>	Indicate Minimum Copayment amount per item for Medicare Covered Prosthetic Devices: <input type="text"/>
	Indicate Maximum Copayment amount per item for Medicare Covered Prosthetic Devices: <input type="text"/>
	Indicate Minimum Copayment amount per item for Medicare Covered Medical Supplies: <input type="text"/>
	Indicate Maximum Copayment amount per item for Medicare Covered Medical Supplies: <input type="text"/>

SECTION B – 11B – PROSTHETICS AND MEDICAL SUPPLIES – BASE 3 SCREEN

PBP 2008 Data Entry System - (repaint)#11b Pros./Med. Supp. - Base 3

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

PFFS and ESRD I Plans Only (Optional): Enter the maximum amount of an equipment or device purchase that the plan would allow before charging the beneficiary a penalty for not receiving prior authorization from the plan:

PFFS and ESRD I Plans Only (Optional): Enter the percentage of billed charges that a beneficiary must pay if prior authorization is not received from the plan:

Notes (Optional):

Referral is not applicable for this Service Category.

Import Text

SECTION B – 11C – DIABETES MONITORING SUPPLIES – BASE 1 SCREEN

PBP 2008 Data Entry System - #11c Diabetes Mon Supplies - 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

Select Maximum Enrollee Out-of-Pocket Cost type:

Covered under DME Category 11a
 Plan-specified amount per period

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 Benefits:

Indicate Maximum Coinsurance percentage for Medicare Covered Benefits:

Select the Coinsurance Coverage Basis for Medicare Covered Benefits:

Discount (___%) of Published Retail Price
 Published Retail Price
 Published Wholesale Price
 Published National Average Wholesale Price (AWP)
 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 Discount percentage of the Published Retail Price:
