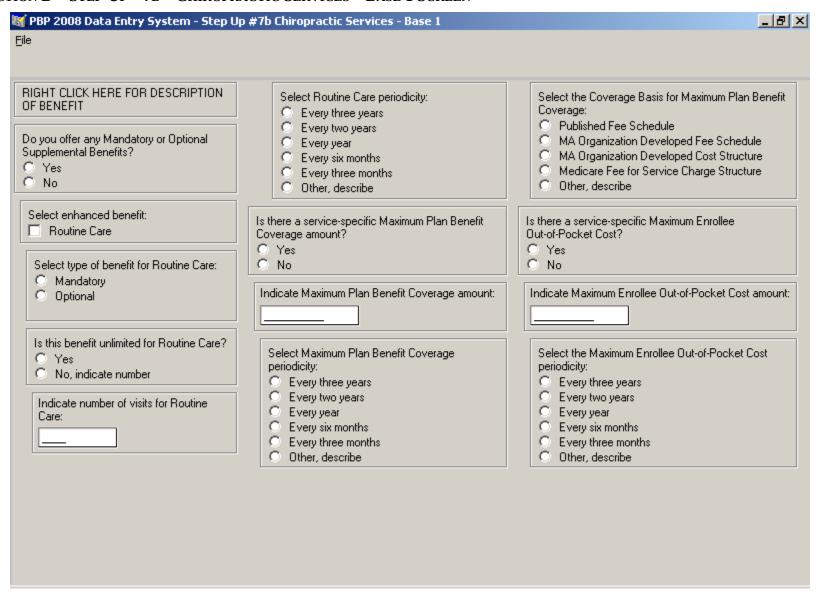
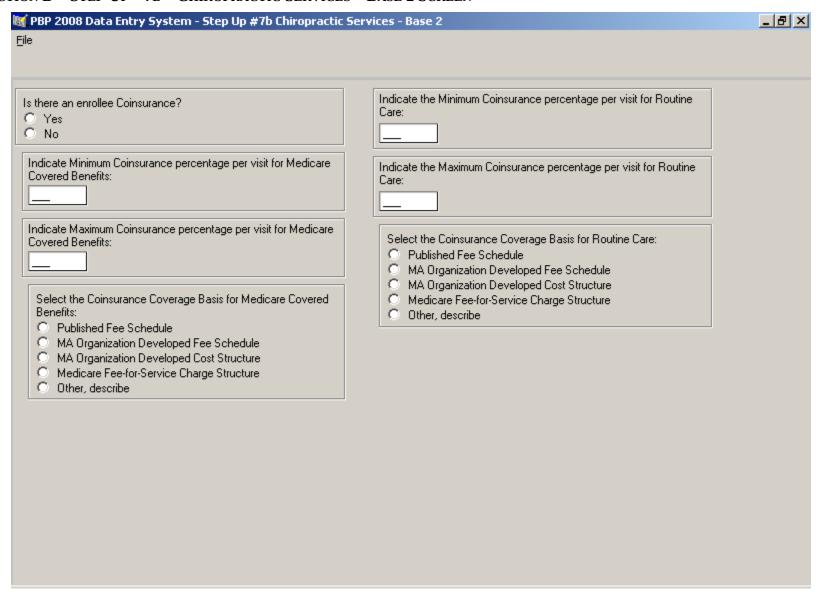
SECTION D - STEP-UP - 7B - CHIROPRACTIC SERVICES - BASE 1 SCREEN



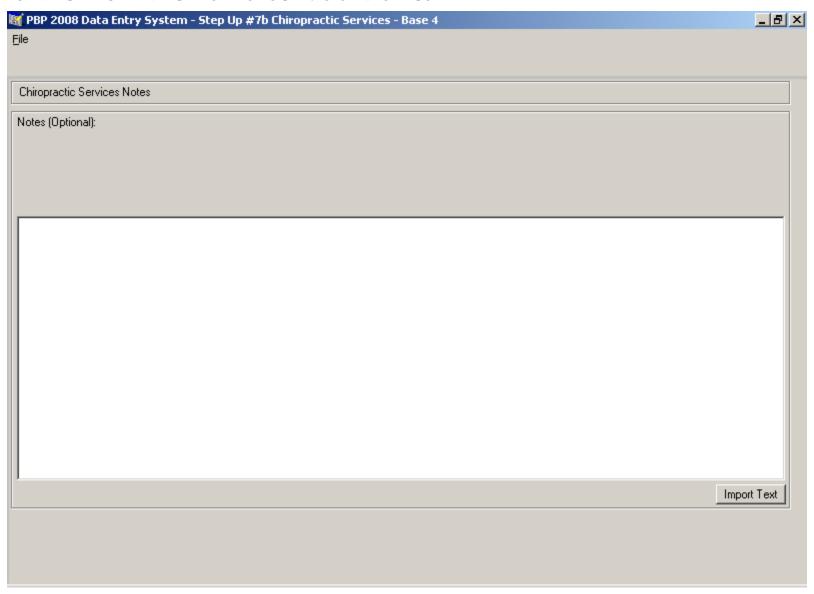
SECTION D - STEP-UP - 7B - CHIROPRACTIC SERVICES - BASE 2 SCREEN



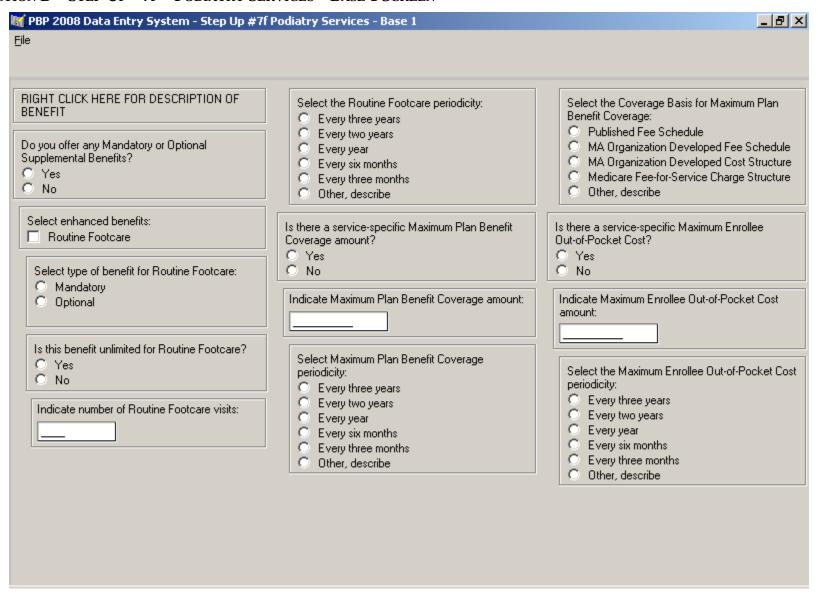
SECTION D - STEP-UP - 7B - CHIROPRACTIC SERVICES - BASE 3 SCREEN

🌃 PBP 2008 Data Entry System - Step Up #7b Chiropractic Sei	rvices - Base 3	_ B ×
Eile		
Is there an enrollee Deductible?	Enrollee must receive Authorization from one or more of the following:	
○ Yes ○ No	None Primary Care Physician (Internist/Family Practice, General Practice)	
	Physician Specialist	
Indicate Deductible Amount:	☐ Organization Medical Director/Utilization Management/Utilization Re☐ Other, describe	view
	Is a referral required for Chiropractic Services?	
Is there an enrollee Copayment?	O Yes	
O Yes	○ No	
○ 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:		
	J I	
Indicate Maximum Copayment amount per visit for Routine Care:		

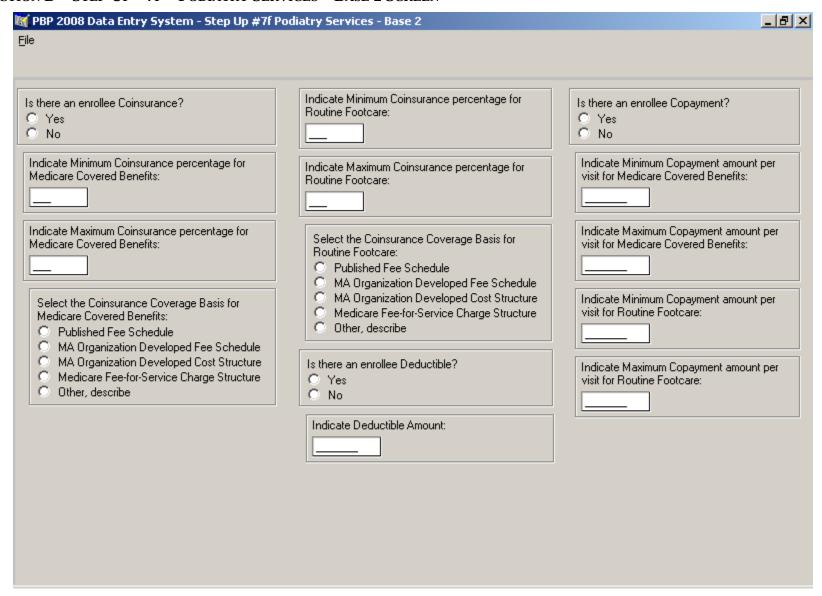
SECTION D - STEP-UP - 7B - CHIROPRACTIC SERVICES - BASE 4 SCREEN



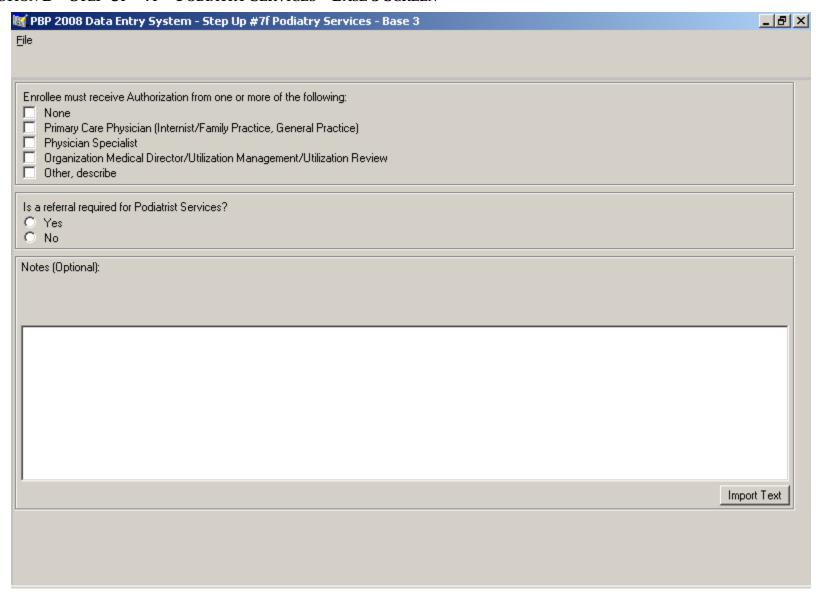
SECTION D – STEP-UP – 7F – PODIATRY SERVICES – BASE 1 SCREEN



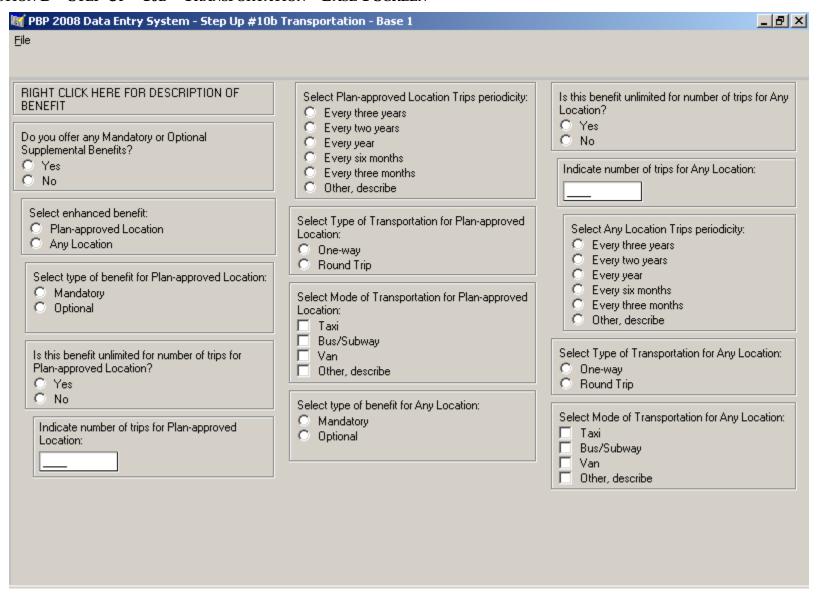
SECTION D – STEP-UP – 7F – PODIATRY SERVICES – BASE 2 SCREEN



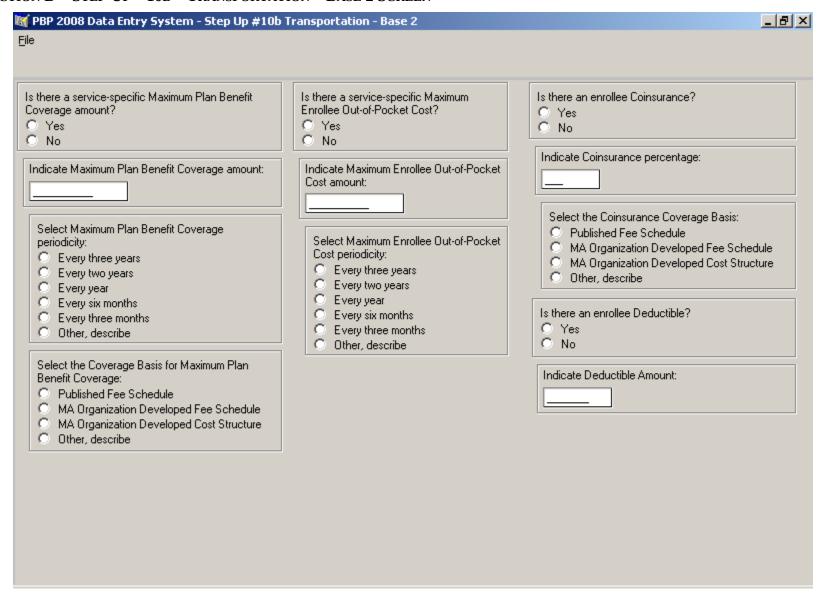
SECTION D - STEP-UP - 7F - PODIATRY SERVICES - BASE 3 SCREEN



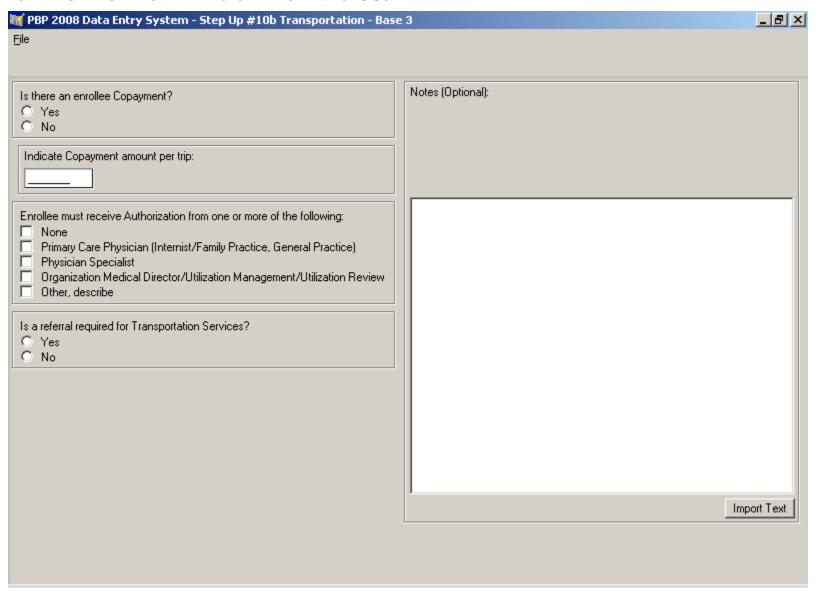
SECTION D - STEP-UP - 10B - TRANSPORTATION - BASE 1 SCREEN



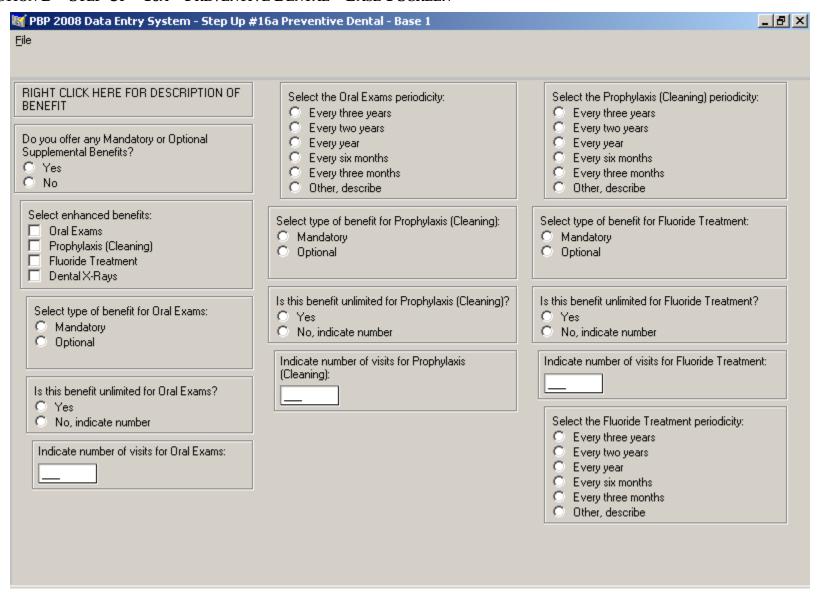
SECTION D - STEP-UP - 10B - TRANSPORTATION - BASE 2 SCREEN



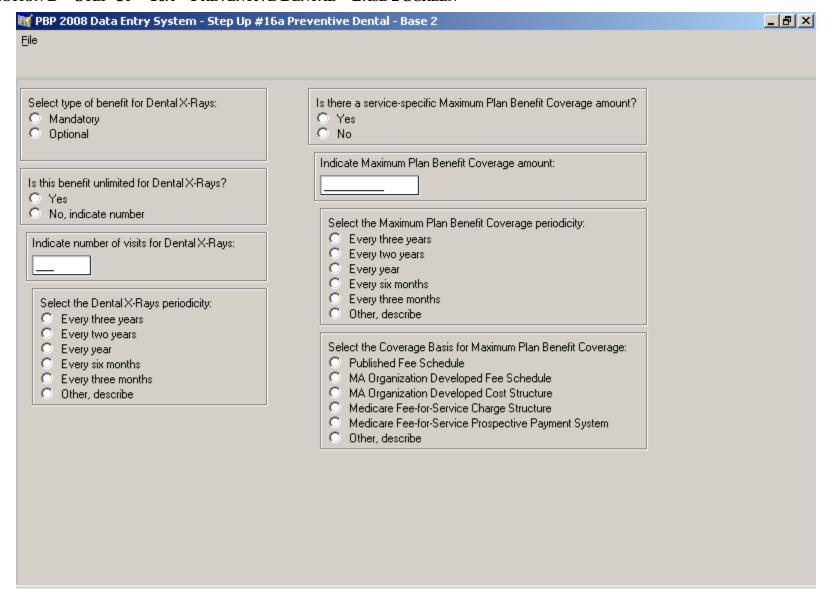
SECTION D - STEP-UP - 10B - TRANSPORTATION - BASE 3 SCREEN



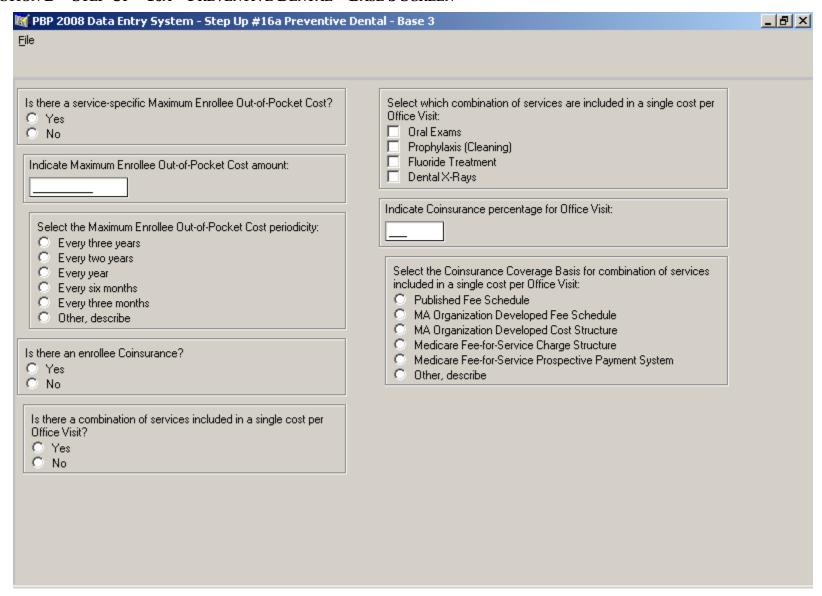
SECTION D - STEP-UP - 16A - PREVENTIVE DENTAL - BASE 1 SCREEN



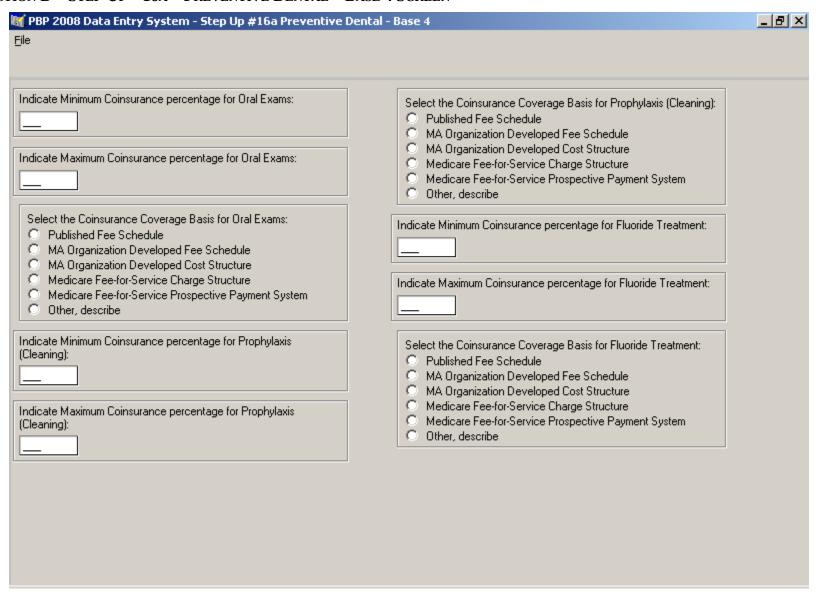
SECTION D - STEP-UP - 16A - PREVENTIVE DENTAL - BASE 2 SCREEN



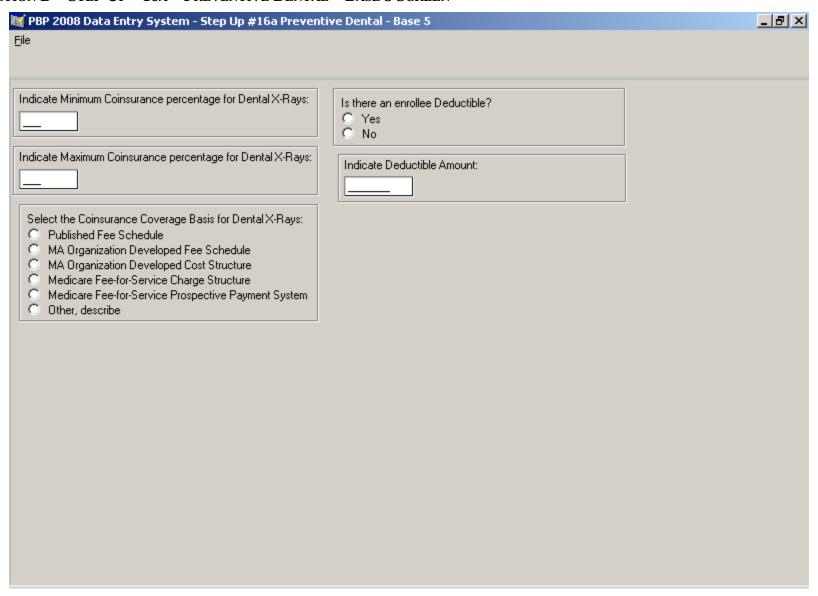
SECTION D - STEP-UP - 16A - PREVENTIVE DENTAL - BASE 3 SCREEN



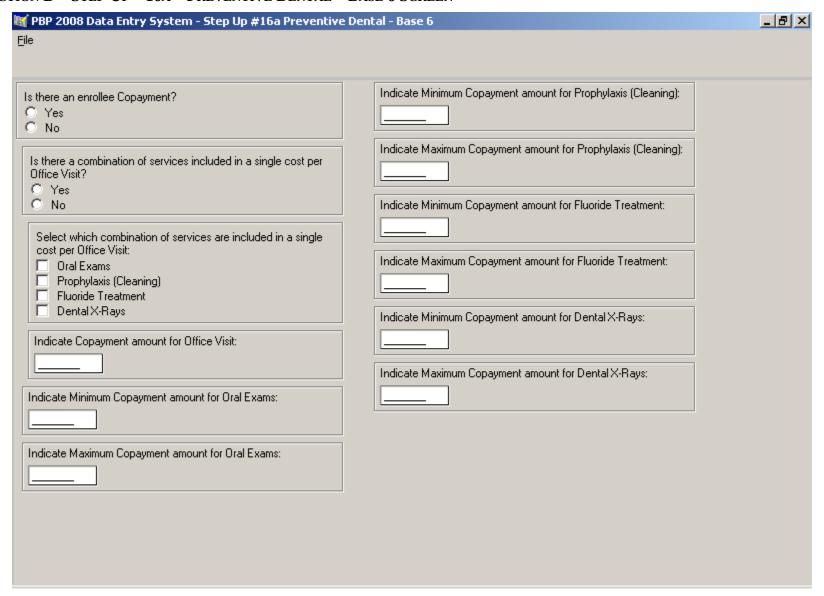
SECTION D - STEP-UP - 16A - PREVENTIVE DENTAL - BASE 4 SCREEN



SECTION D - STEP-UP - 16A - PREVENTIVE DENTAL - BASE 5 SCREEN



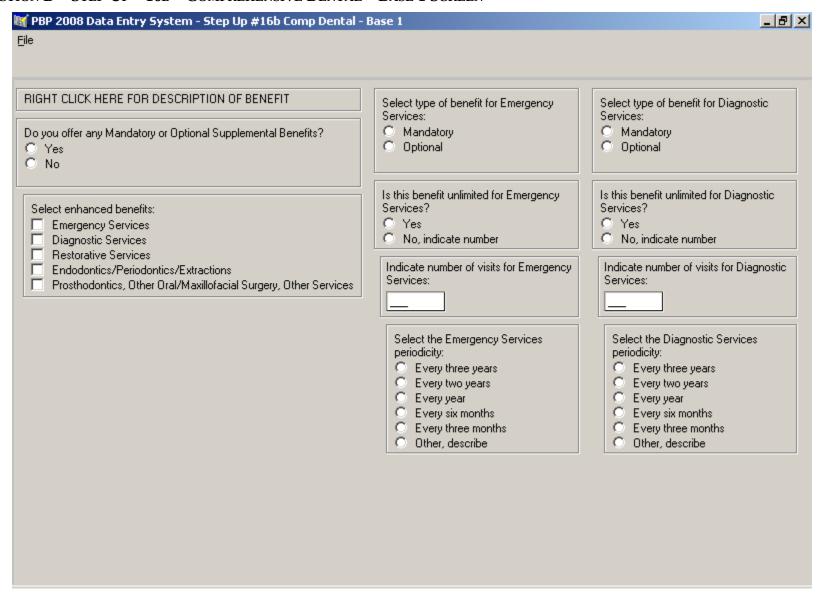
SECTION D - STEP-UP - 16A - PREVENTIVE DENTAL - BASE 6 SCREEN



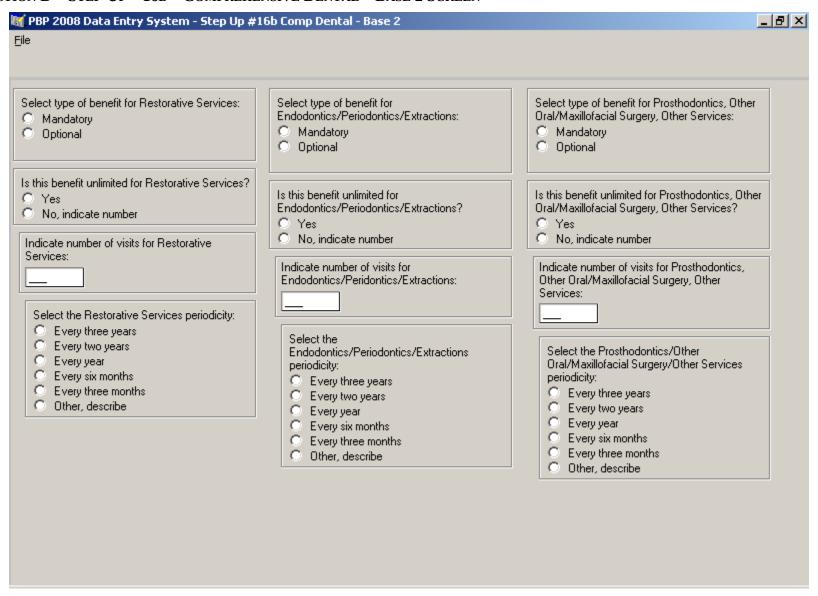
SECTION D – STEP-UP – 16A – PREVENTIVE DENTAL – BASE 7 SCREEN

👹 PBP 2008 Data Entry System - Step Up #16a Preventive Dental - Base 7	_ B ×
<u>F</u> ile	
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 Preventive Dental Services?	
○ Yes	
○ No	
Notes (Optional):	
Imp	ort Text

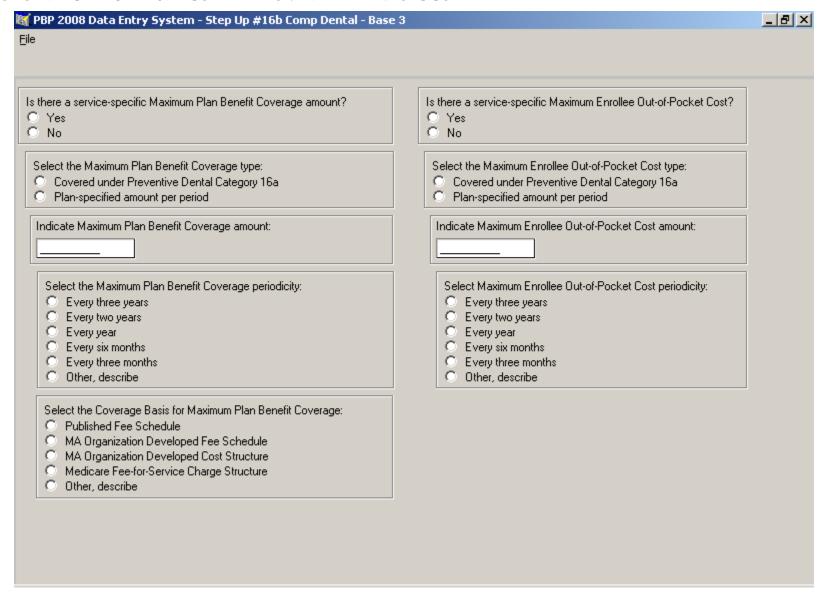
SECTION D - STEP-UP - 16B - COMPREHENSIVE DENTAL - BASE 1 SCREEN



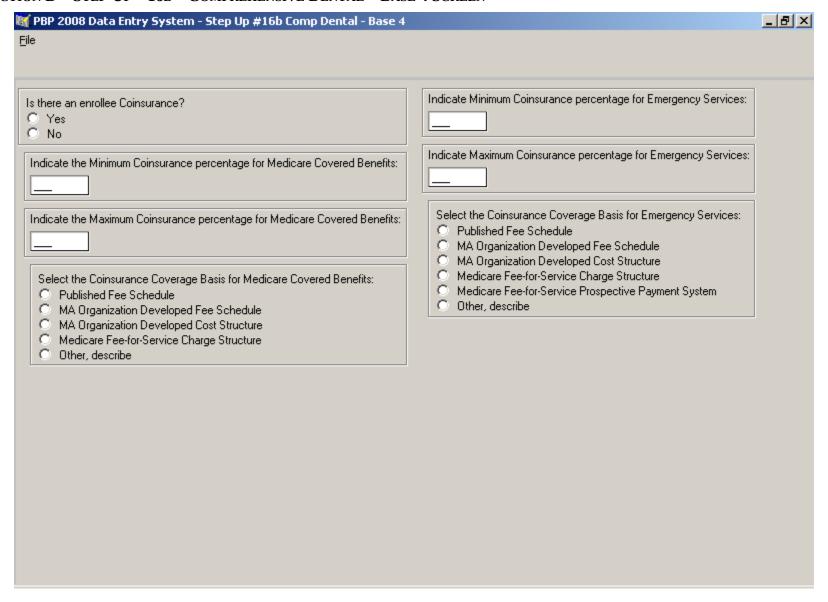
SECTION D - STEP-UP - 16B - COMPREHENSIVE DENTAL - BASE 2 SCREEN



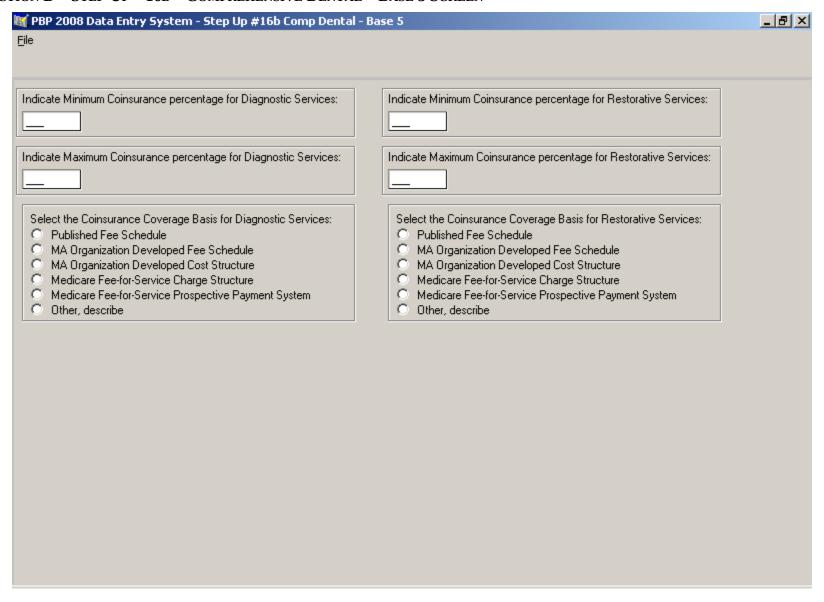
SECTION D – STEP-UP – 16B – COMPREHENSIVE DENTAL – BASE 3 SCREEN



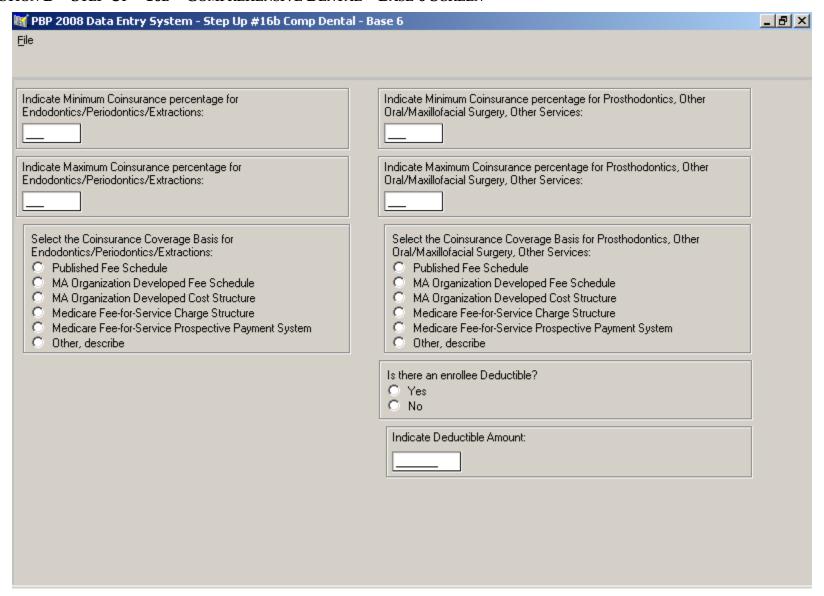
SECTION D - STEP-UP - 16B - COMPREHENSIVE DENTAL - BASE 4 SCREEN



SECTION D - STEP-UP - 16B - COMPREHENSIVE DENTAL - BASE 5 SCREEN



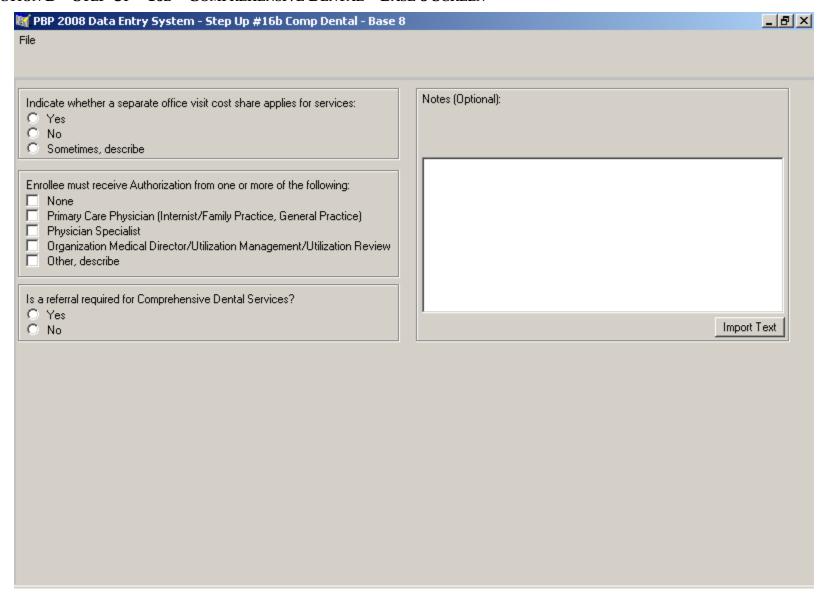
SECTION D - STEP-UP - 16B - COMPREHENSIVE DENTAL - BASE 6 SCREEN



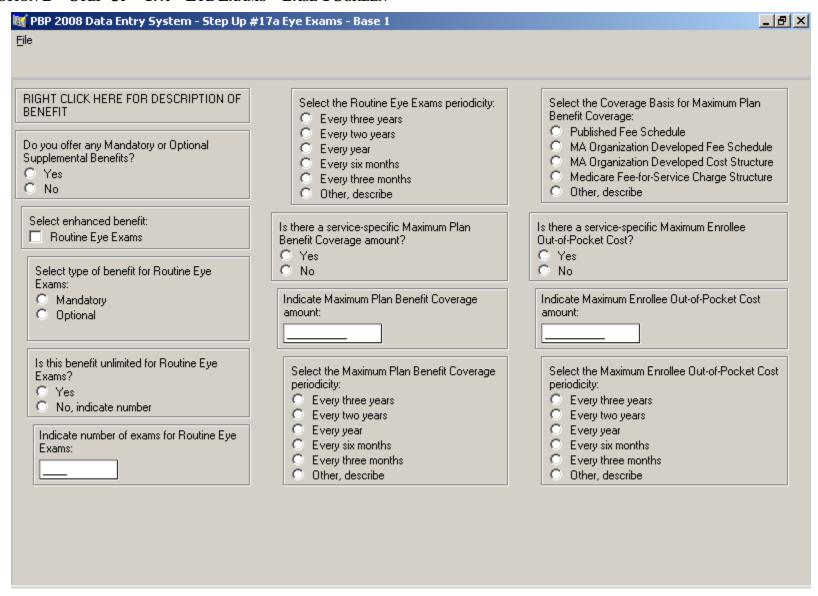
SECTION D – STEP-UP – 16B – COMPREHENSIVE DENTAL – BASE 7 SCREEN

🌃 PBP 2008 Data Entry System - Step Up #16b Comp Dental - Base 7		
<u>File</u>		
Is there an enrollee Copayment? C Yes C No Indicate Minimum Copayment amount for Medicare Covered Benefits: Indicate Maximum Copayment amount for Medicare Covered Benefits: Indicate Minimum Copayment amount for Emergency Services: Indicate Maximum Copayment amount for Emergency Services: Indicate Maximum Copayment amount for Emergency Services:	Indicate Minimum Copayment amount for Diagnostic Services: Indicate Maximum Copayment amount for Diagnostic Services: Indicate Minimum Copayment amount for Restorative Services: Indicate Maximum Copayment amount for Restorative Services: Indicate Minimum Copayment amount for Endodontics/Periodontics/Extractions: Indicate Maximum Copayment amount for Endodontics/Periodontics/Extractions: Indicate Maximum Copayment amount for Endodontics/Periodontics/Extractions:	Indicate Minimum Copayment amount for Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services:

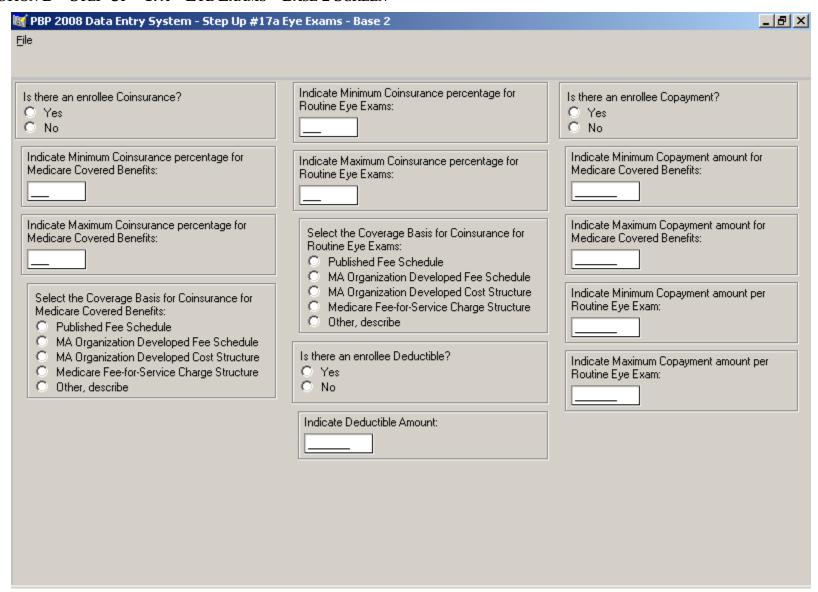
SECTION D - STEP-UP - 16B - COMPREHENSIVE DENTAL - BASE 8 SCREEN



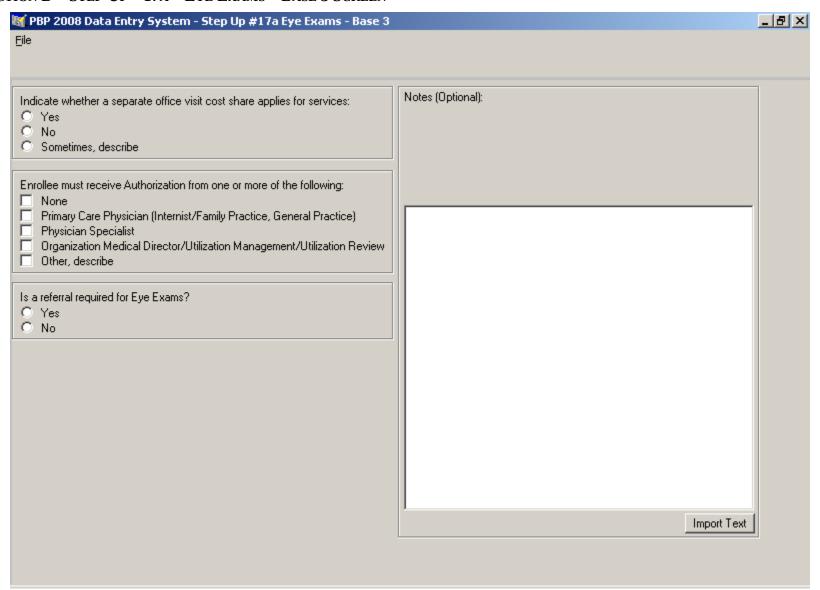
SECTION D – STEP-UP – 17A – EYE EXAMS – BASE 1 SCREEN



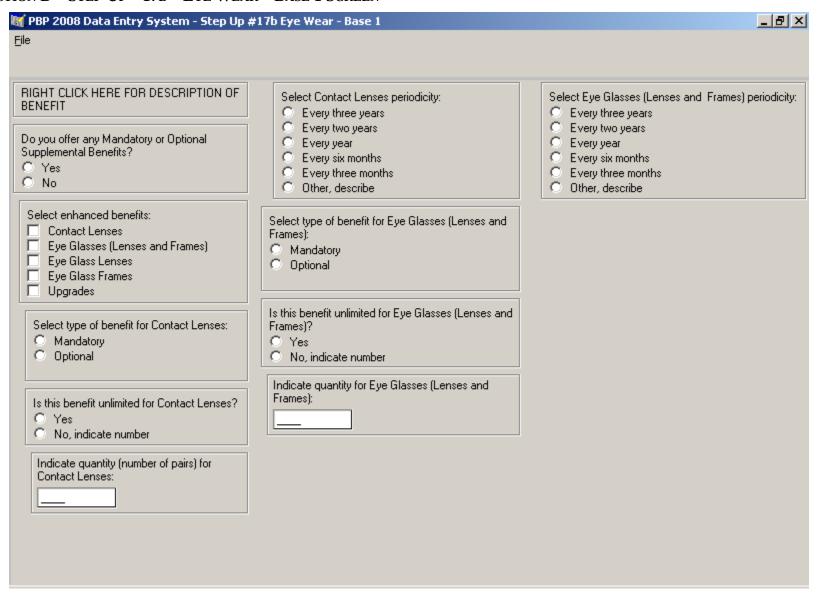
SECTION D – STEP-UP – 17A – EYE EXAMS – BASE 2 SCREEN



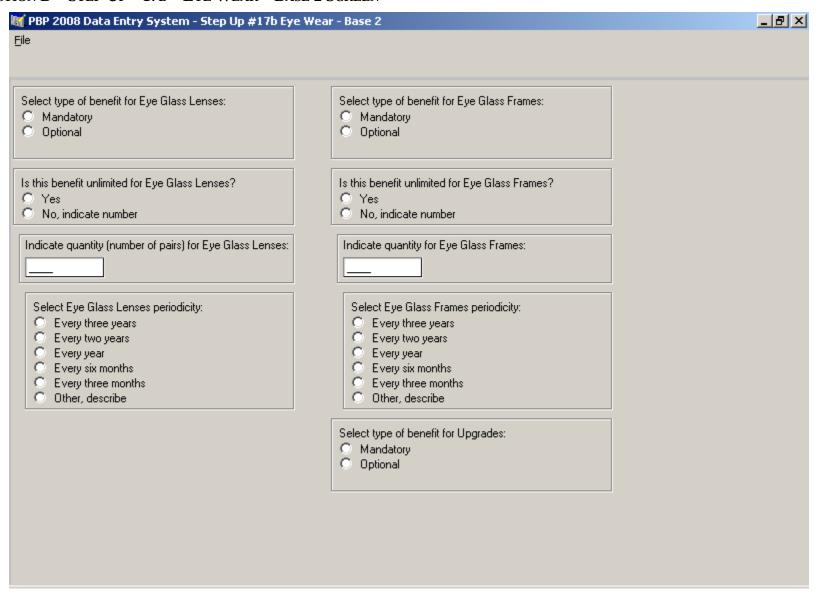
SECTION D - STEP-UP - 17A - EYE EXAMS - BASE 3 SCREEN



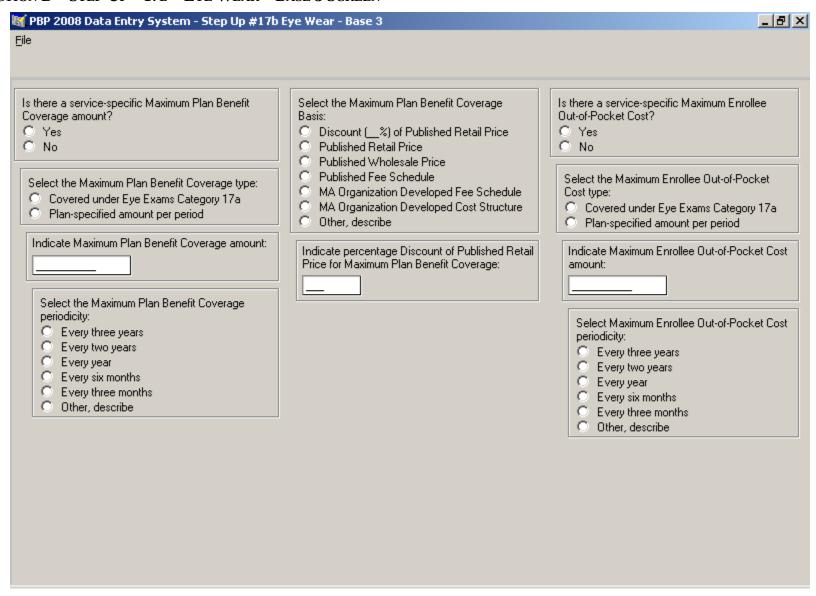
SECTION D - STEP-UP - 17B - EYE WEAR - BASE 1 SCREEN



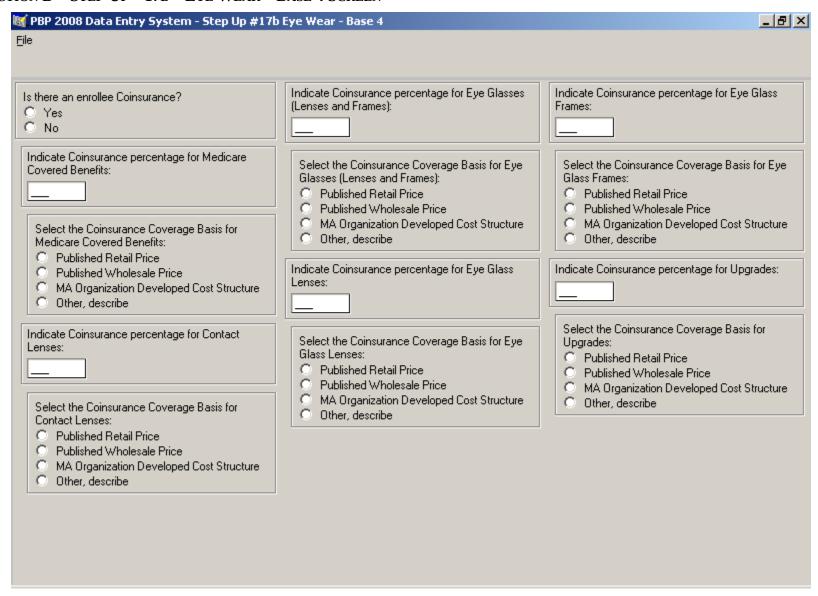
SECTION D - STEP-UP - 17B - EYE WEAR - BASE 2 SCREEN



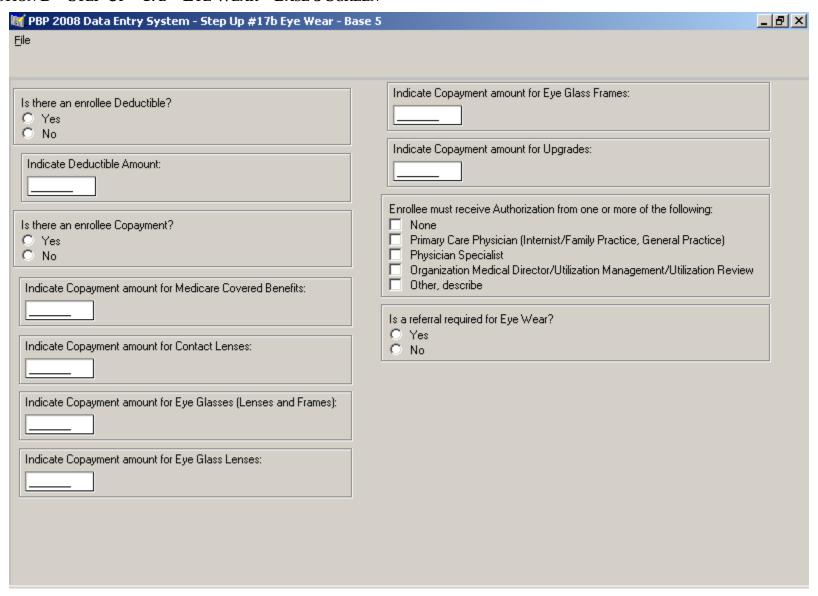
SECTION D – STEP-UP – 17B – EYE WEAR – BASE 3 SCREEN



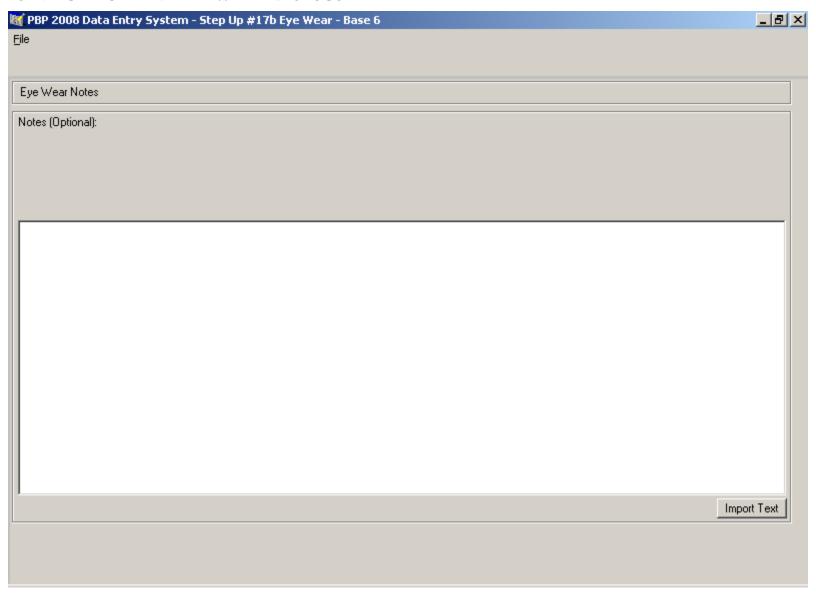
SECTION D - STEP-UP - 17B - EYE WEAR - BASE 4 SCREEN



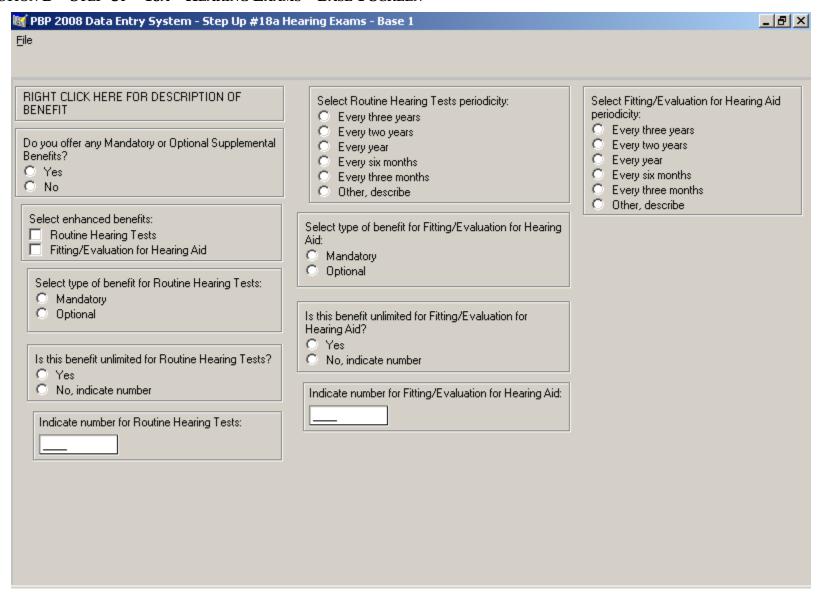
SECTION D - STEP-UP - 17B - EYE WEAR - BASE 5 SCREEN



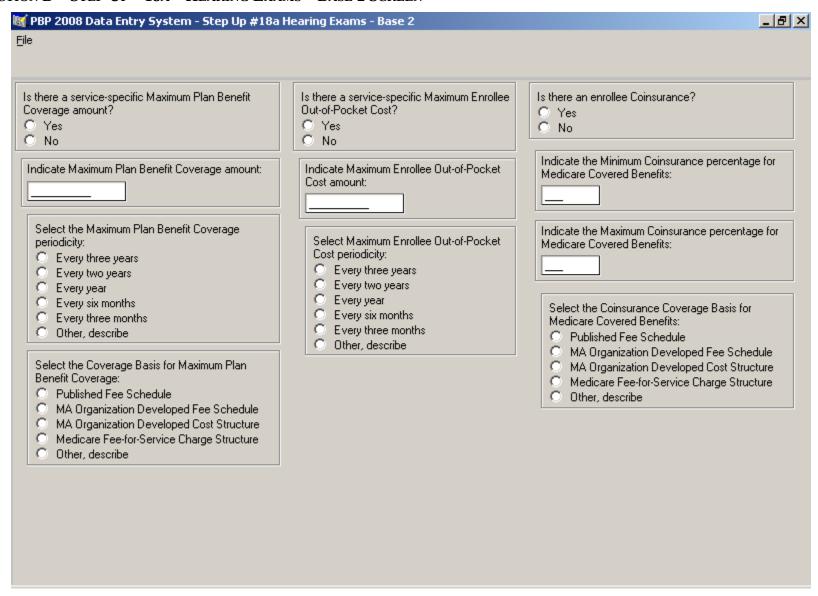
SECTION D - STEP-UP - 17B - EYE WEAR - BASE 6 SCREEN



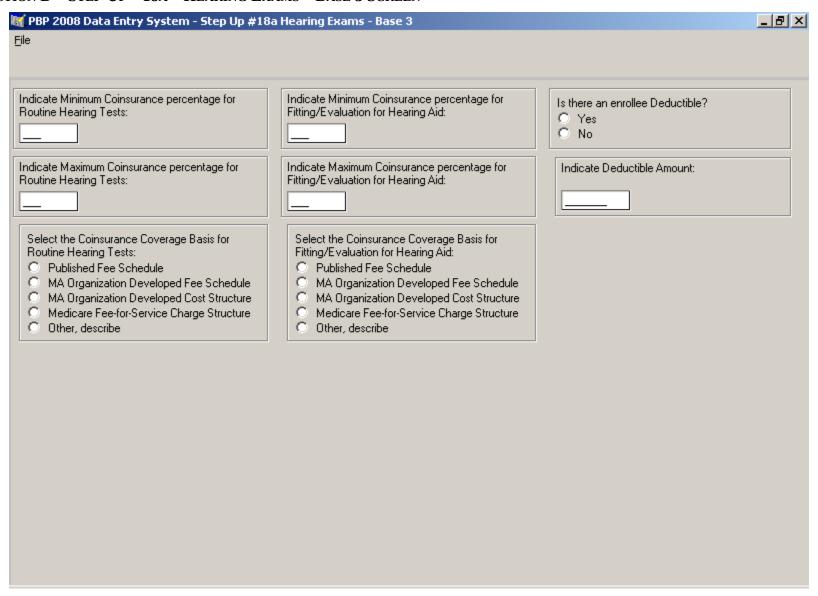
SECTION D - STEP-UP - 18A - HEARING EXAMS - BASE 1 SCREEN



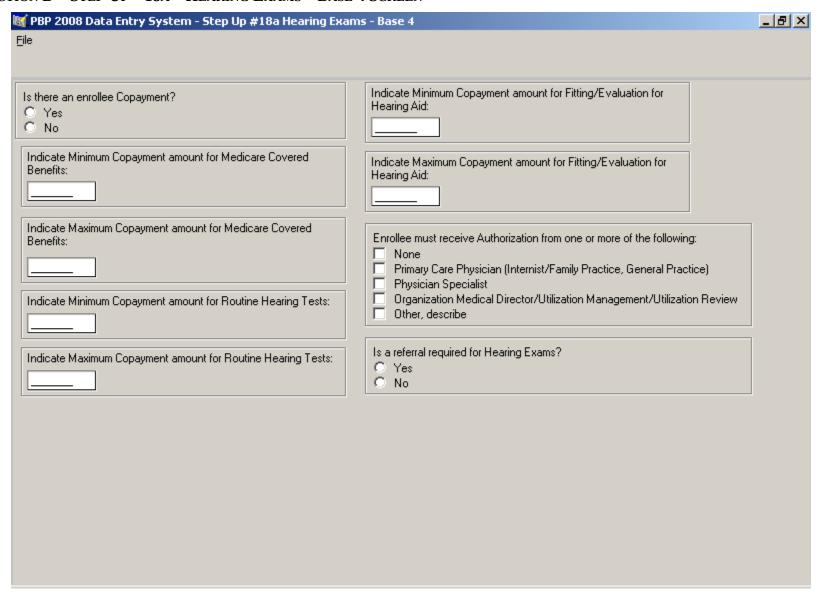
SECTION D - STEP-UP - 18A - HEARING EXAMS - BASE 2 SCREEN



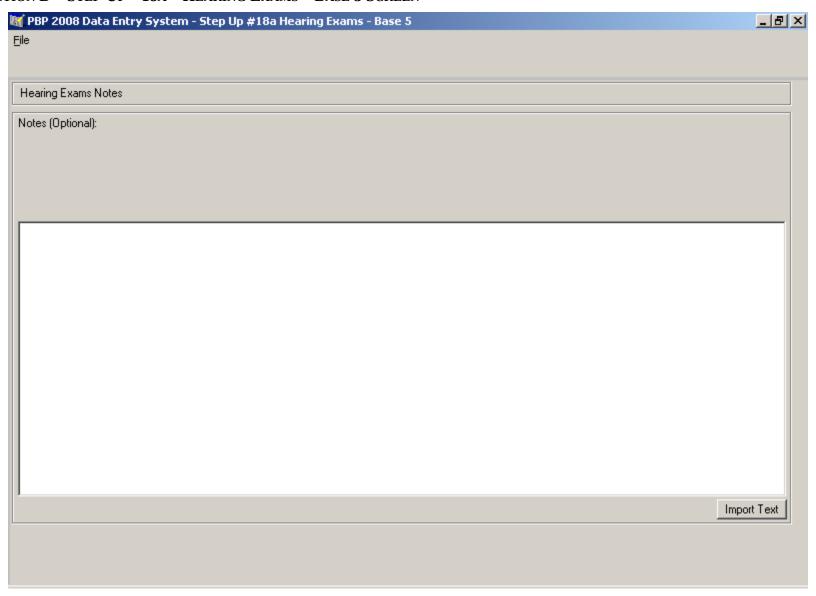
SECTION D - STEP-UP - 18A - HEARING EXAMS - BASE 3 SCREEN



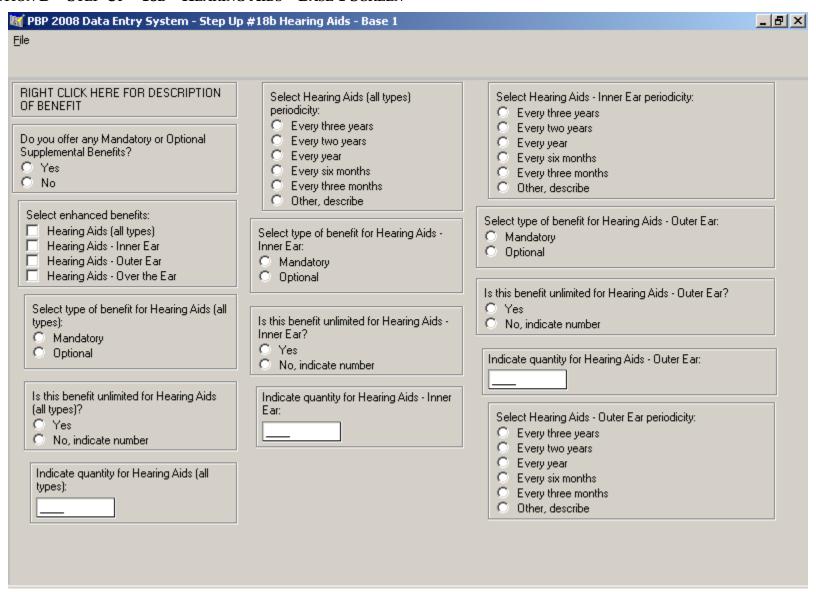
SECTION D - STEP-UP - 18A - HEARING EXAMS - BASE 4 SCREEN



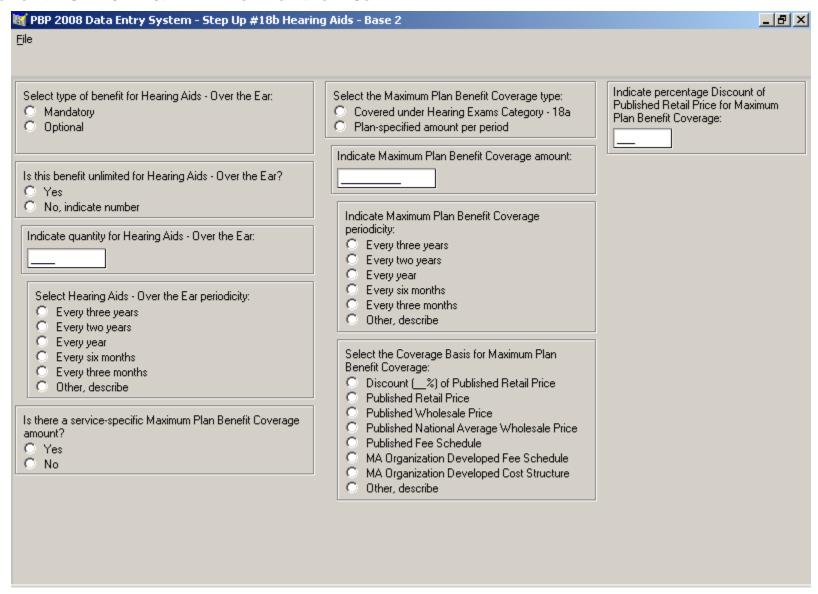
SECTION D - STEP-UP - 18A - HEARING EXAMS - BASE 5 SCREEN



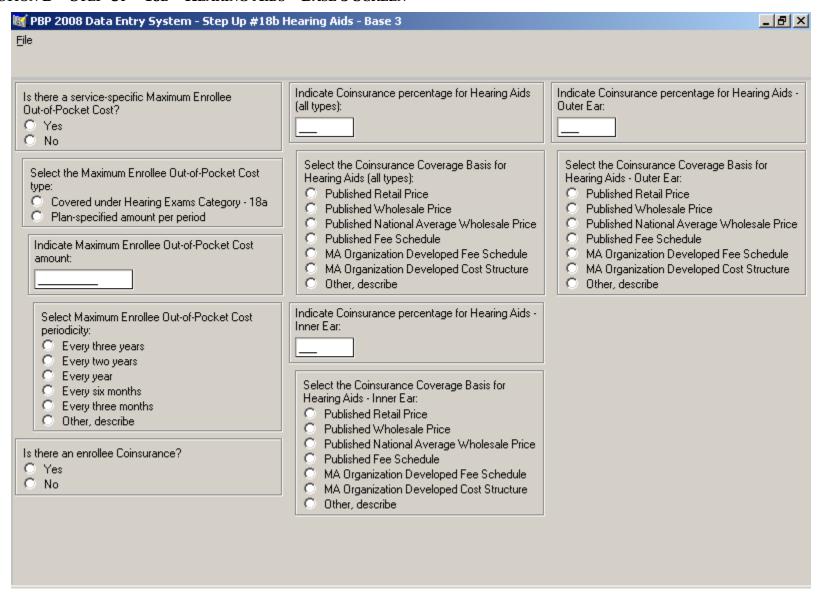
SECTION D - STEP-UP - 18B - HEARING AIDS - BASE 1 SCREEN



SECTION D - STEP-UP - 18B - HEARING AIDS - BASE 2 SCREEN



SECTION D - STEP-UP - 18B - HEARING AIDS - BASE 3 SCREEN



SECTION D - STEP-UP - 18B - HEARING AIDS - BASE 4 SCREEN

🙀 PBP 2008 Data Entry System - Step Up #18b Hearing Aids - Base 4		
<u>File</u>		
Indicate Coinsurance percentage for Hearing Aids - Over the Ear:	Is there an enrollee Copayment? C Yes C No	Indicate Copayment amount per Hearing Aid - Outer Ear:
Select the Coinsurance Coverage Basis for Hearing Aids - Over the Ear: O Published Retail Price O Published Wholesale Price	Indicate Minimum Copayment amount per Hearing Aid (all types):	Indicate Copayment amount per two Hearing Aids - Outer Ear:
Published National Average Wholesale Price Published Fee Schedule MA Organization Developed Fee Schedule MA Organization Developed Cost Structure Other, describe	Indicate Maximum Copayment amount per Hearing Aid (all types):	Indicate Copayment amount per Hearing Aid - Over the Ear:
Is there an enrollee Deductible? C Yes C No	Indicate Copayment amount per Hearing Aid - Inner Ear:	Indicate Copayment amount per two Hearing Aids - Over the Ear:
Indicate Deductible Amount:	Indicate Copayment amount per two Hearing Aids - Inner Ear:	

SECTION D - STEP-UP - 18B - HEARING AIDS - BASE 5 SCREEN

🌃 PBP 2008 Data Entry System - Step Up #18b Hearing Aids - Base 5	_ B ×
<u>F</u> ile	
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 Hearing Aids? Yes No	
Notes (Optional):	Import Text