

## 2010 Guardian Healthcare (GHC) Benefits (PPO)

<b>Plan Name</b> →	<b>Guardian Tribute Select Contract H9779; PBP 001 In Network</b>
<b>BENEFIT CATEGORY</b> ↓	<b>Product = PPO01000 Standard SEPY_PFX = PP1I Auth Violation SEPY_PFX = N/A DEDE_PFX = N/A LTLT_PFX = P10I</b>
<b>Premium &amp; other Important Info</b>	<p>\$0 monthly plan premium in addition to your monthly Medicare Part B premium</p> <p>\$3,400 out-of-pocket limit.</p> <p>All Medicare services covered under the out of pocket limit.</p> <p>Balance billing means that a provider may charge and bill you more than the plan's payment amount for services. There is a limit on what providers may charge for Medicare-covered services. Balance billing is prohibited by the plan.</p>
<b>Doctor &amp; Hospital Choice</b>	You may go to any doctor, specialist or hospital that accepts the plan's payment.
<b>INPATIENT CARE</b>	
<b>Inpatient Hospital Care -</b> (includes Acute Care, Long Term Acute Care, Substance Abuse and Rehabilitation Services)	<p>You pay:</p> <ul style="list-style-type: none"> <li>• \$0 copay per day: Days 1-2</li> <li>• \$100 copay per day: Days 3-6</li> <li>• \$0 copay per day: Days 7-90</li> </ul> <p>If you are transferred to another facility w/in the first 5 days both facilities are responsible for the copay.</p> <p>You are covered for 90 days each benefit period.</p>
<b>Inpatient Mental Health Care -</b> (including Partial Hospitalization)	<p>You pay:</p> <ul style="list-style-type: none"> <li>• \$200 copay per day: Days 1-5</li> <li>• \$0 copay per day: Days 6-90</li> </ul> <p>If you are transferred to another facility w/in the first 5 days both facilities are responsible for the copay.</p> <p>Medicare beneficiaries may only receive 190 days in a Psychiatric Hospital in a lifetime.</p>
<b>Skilled Nursing Facility</b> (in a Medicare-certified skilled nursing facility)	<p>You pay :</p> <ul style="list-style-type: none"> <li>• \$0 copay per day: Days 1-10</li> <li>• \$50 copay per day: Days 11-20</li> <li>• \$124 copay per day: Days 21-100</li> </ul> <p>You are covered for 100 days each benefit period</p> <p>No Prior Hospital Stay is required</p>

<b>Inpatient Ancillary Services</b>	<p>You pay:</p> <ul style="list-style-type: none"> <li>• \$0 for inpatient ancillary services</li> </ul>
<b>Hospice</b>	<p>You must receive care from a Medicare Certified Hospice. Claims must be filed to regional Hospice Vendor</p>
<p><b>Home Health Care</b> - includes medically necessary intermittent skilled nursing care, home health aide services, and rehabilitation services, etc.</p>	<p>You Pay:</p> <ul style="list-style-type: none"> <li>• \$0 for all Medicare covered home health visits.</li> <li>• \$0 for all Medicare covered home therapy session.</li> </ul>
<b><u>OUTPATIENT CARE</u></b>	
<p><b>Physician Services</b> - Including doctor office visits for Illness/Injury</p>	<p>You Pay:</p> <ul style="list-style-type: none"> <li>• \$0 for each visit/service by a primary care physician</li> <li>• \$20 for each visit/service by a specialist</li> </ul>
<b>Chiropractic Services</b>	<p>You Pay:</p> <ul style="list-style-type: none"> <li>• \$30 for each Medicare Covered chiropractic service. (manual manipulation of the spine to correct subluxation)</li> <li>• 100% for each routine chiropractic services.</li> </ul>

<b>Podiatry Services</b>	<p>You Pay:</p> <ul style="list-style-type: none"> <li>• \$30 for each Medicare covered podiatry visit</li> <li>• \$30 for each Medicare covered Diabetic Peripheral Neuropathy Foot Exam</li> <li>• \$30 for each Medicare covered podiatry surgery</li> <li>• 100% for each routine podiatry visit.</li> </ul>
<b>Outpatient Rehabilitation Services</b>	<p>You pay:</p> <ul style="list-style-type: none"> <li>• \$30 for each Medicare covered Occupational Therapy service. Unlimited</li> <li>• \$30 for each Medicare covered Physical Therapy service. Unlimited</li> <li>• \$30 for each Medicare covered Speech/ Language Therapy service. Unlimited</li> <li>• \$40 for each Cardiac Rehab service. Limit to 36 sessions per year</li> <li>• \$40 for other Medicare covered therapy service.</li> </ul>
<b>Outpatient Mental Health - Including partial Hospitalization</b>	<p>You pay:</p> <ul style="list-style-type: none"> <li>• \$30 for each Medicare covered individual therapy visit.</li> <li>• \$30 for each Medicare covered group therapy visit.</li> <li>• \$30 for partial hospitalization.</li> <li>• \$30 for other Medicare covered mental health services</li> </ul>
<b>Outpatient Substance Abuse Care</b>	<p>You pay:</p> <ul style="list-style-type: none"> <li>• \$30 for each Medicare covered individual therapy visit.</li> <li>• \$30 for each Medicare covered group therapy visit.</li> <li>• \$30 for other Medicare covered substance abuse services</li> </ul>
<b>Ambulatory Surgery</b>	<p>You pay:</p> <ul style="list-style-type: none"> <li>• \$50 for each Medicare covered visit to an ambulatory surgical center. (applies to ASC bill only, not the physician's bill)</li> </ul>

<p><b>Outpatient Surgery</b></p>	<p>You pay:</p> <ul style="list-style-type: none"> <li>• \$180 for each Medicare covered visit to an outpatient hospital facility. (applies to hospital bill only, not the physician's bill)</li> <li>• \$0 for each Medicare covered visit to a PCP in an office setting or</li> <li>• \$20 for each Medicare covered visit to a specialist in an office setting</li> </ul>
<p><b>Anesthesia</b></p>	<p>You pay:</p> <ul style="list-style-type: none"> <li>• \$0 for each Medicare covered anesthesia service</li> </ul>
<p><b>Ambulance Services -</b> medically necessary ambulance services</p>	<p>You pay:</p> <ul style="list-style-type: none"> <li>• \$50 per trip for Medicare covered ambulance benefits</li> </ul> <p>Copay is waived if you are admitted to the hospital</p>
<p><b>Emergency Care -</b> You may go to any emergency room if you reasonably believe you need emergency care.</p>	<p>You Pay:</p> <ul style="list-style-type: none"> <li>• \$50 for each visit to an Emergency Room.</li> </ul> <p>Copay waived if admitted to the hospital w/in 23 hours for the same condition</p> <p>World Wide Coverage</p>
<p><b>Urgently Needed Care -</b> This is NOT emergency care.</p>	<p>You Pay:</p> <ul style="list-style-type: none"> <li>• \$0 for each urgent care visit by a primary care physician</li> <li>• \$25 for each urgent care visit by specialist</li> </ul>

<p><b>Durable Medical Equipment &amp; Supplies</b> - includes wheelchairs, oxygen, etc.</p>	<p>You pay:</p> <ul style="list-style-type: none"> <li>• 20% of the cost for each Medicare covered item</li> </ul>
<p><b>Prosthetic &amp; Orthotic Devices</b> - includes braces, artificial limbs and eyes, etc.</p>	<p>You pay:</p> <ul style="list-style-type: none"> <li>• 20% of the cost for each prosthetic device.</li> <li>• 20% of the cost for each orthotic device.</li> </ul>
<p><b>Diabetes Self-Monitoring Training and Supplies</b> - includes coverage for glucose monitors, test strips, lancets, screening tests, and self management training</p>	<p>You Pay:</p> <ul style="list-style-type: none"> <li>• \$0 for Medicare covered Diabetes self-monitoring training.</li> <li>• 20% of the cost for each Medicare covered Diabetes supply item.</li> <li>• 20% of the cost for diabetic shoes.</li> </ul> <p>- Limit to 1 pair of diabetic shoes per year.  - Limit to 2 pairs of diabetic shoe inserts per year for custom shoes or 3 pairs per year for "off the shelf" shoes</p>
<p><b>Clinical/Diagnostic Labs</b></p>	<p>You Pay:</p> <ul style="list-style-type: none"> <li>• \$0 for services by a PCP in an office setting.</li> <li>• \$20 for services by a specialist in an office setting</li> <li>• \$0 for services in a facility setting</li> <li>• \$0 for services in an independent lab</li> <li>• \$0 for the transportation &amp; set up of lab equipment.</li> <li>• \$0 for the veinipuncture</li> </ul>
<p><b>Radiation Therapy</b></p>	<p>You Pay:</p> <ul style="list-style-type: none"> <li>• 20% of the cost for each radiation therapy service</li> </ul>

<p><b>Radiology/X-Rays</b></p>	<p>You Pay:</p> <ul style="list-style-type: none"> <li>• \$20 for each General X-ray service in an office setting</li> <li>• \$20 for each General X-ray service in a facility setting</li> <li>• \$60 for each Radiology service in an office setting</li> <li>• \$60 for each Radiology service in a facility setting</li> <li>• \$60 for Advanced Radiology services including CAT, MRA, MRI, Nuclear Med, &amp; PET scans</li> <li>• \$0 for the transportation &amp; set up of X-Ray equipment</li> </ul>
<p><b>Diagnostic Tests - Allergy</b></p>	<p>You Pay:</p> <ul style="list-style-type: none"> <li>• \$0 for each Allergy Service in an office setting by a PCP.</li> <li>• \$20 for each Allergy Service in an office setting by a specialist.</li> <li>• \$20 for each Allergy Service in a facility setting</li> </ul>
<p><b>Diagnostic Tests - Cardiology</b></p>	<p>You Pay:</p> <ul style="list-style-type: none"> <li>• \$0 for each Cardiology Service in an office setting</li> <li>• \$0 for each Cardiology Service in a facility setting</li> </ul>
<p><b>Diagnostic Tests - Echo</b></p>	<p>You Pay:</p> <ul style="list-style-type: none"> <li>• \$0 for each Echography Service in an office setting</li> <li>• \$0 for each Echography Service in a facility setting</li> </ul>
<p><b>Diagnostic Tests - EEG</b></p>	<p>You Pay:</p> <ul style="list-style-type: none"> <li>• \$0 for each EEG in an office setting</li> <li>• \$0 for each EEG in a facility setting</li> </ul>

<b>Diagnostic Tests - EKG</b>	<p>You Pay:</p> <ul style="list-style-type: none"> <li>• \$0 for each EKG in an office setting</li> <li>• \$0 for each EKG in a facility setting</li> </ul>
<b>Diagnostic Tests - Gastroenterology</b>	<p>You Pay:</p> <ul style="list-style-type: none"> <li>• \$0 for each Gastroenterology Service in an office setting</li> <li>• \$0 for each Gastroenterology Service in a facility setting</li> </ul>
<b>Diagnostic Tests - Other Diagnostic Services</b>	<p>You Pay:</p> <ul style="list-style-type: none"> <li>• \$0 for each Diagnostic Service in an office setting</li> <li>• \$0 for each Diagnostic Service in a facility setting</li> </ul>
<b>Diagnostic Tests - Pulmonary</b>	<p>You Pay:</p> <ul style="list-style-type: none"> <li>• \$0 for each Pulmonary Service in an office setting</li> <li>• \$0 for each Pulmonary Service in a facility setting</li> </ul>
<b>Diagnostic Tests - Sleep Study</b>	<p>You Pay:</p> <ul style="list-style-type: none"> <li>• \$0 for each Sleep Study in an office setting</li> <li>• \$0 for each Sleep Study in a facility setting</li> </ul>
<b>Diagnostic Tests - Ultrasound</b>	<p>You Pay:</p> <ul style="list-style-type: none"> <li>• \$0 for each Ultrasound in an office setting</li> <li>• \$0 for each Ultrasound in a facility setting</li> </ul>
<b>Diagnostic Tests - Vascular</b>	<p>You Pay:</p> <ul style="list-style-type: none"> <li>• \$0 for each Vascular Service in an office setting</li> <li>• \$0 for each Vascular Service in a facility setting</li> </ul>
<b>Chemotherapy</b>	<p>You Pay:</p> <ul style="list-style-type: none"> <li>• \$20 for each chemotherapy service</li> <li>• 20% of the cost for each chemotherapy drug</li> <li>• \$20 for each Oncology Service</li> </ul>
<b>Surgical Supplies, Splints, &amp; Casts</b>	<p>You Pay:</p> <ul style="list-style-type: none"> <li>• 20% for surgical supplies, dressings, splints &amp; casts</li> </ul>
<b>Blood</b>	<p>Blood - Coverage begins w/ the 4th pint of blood that you need. You pay 100% for the 1st 3 pints of blood and \$0 for each additional pint. Coverage of storage &amp; administration begins w/ the 1st pint of blood that you need.</p>
<b>Outpatient Part B Drugs &amp; injectibles - covered under Medicare Part B</b>	<p>You pay:</p> <ul style="list-style-type: none"> <li>• 20% of the cost for outpatient Part B Drugs &amp; Injectibles</li> <li>• 20% of the cost for Infusion Therapy</li> <li>• 20% of the cost for Nebulizer Drugs</li> </ul>

<b>Renal Dialysis</b>	<p>You pay:</p> <ul style="list-style-type: none"> <li>• 20% of the cost for outpatient dialysis services.</li> <li>• 20% for outpatient dialysis supplies.</li> </ul>
<b>PREVENTIVE SERVICES</b>	
<b>Abdominal Aortic Aneurysm (AAA) Screening</b>	<p>You pay:</p> <ul style="list-style-type: none"> <li>• \$0 for each Abdominal Aortic Aneurysm (AAA) screening.</li> </ul> <p>- Limit to 1 per lifetime</p>
<b>Bone Mass Measurement - for people with Medicare who are at risk</b>	<p>You pay:</p> <ul style="list-style-type: none"> <li>• \$0 for each Medicare covered Preventative Bone Mass Measurement.</li> <li>• \$0 for each Medicare covered Diagnostic Bone Mass Measurement.</li> </ul> <p>- Limit to 1 every 24 months on preventative bone mass measurement</p>
<b>Cardiovascular Disease Testing</b>	<p>You pay:</p> <ul style="list-style-type: none"> <li>• \$0 for each Medicare covered cardiovascular disease screening test.</li> </ul> <p>- Limit to 1 every 5 years.</p>
<b>Colorectal Screening Exams - for people with Medicare age 50 and older &amp; others at high risk regardless of age</b>	<p>You pay:</p> <ul style="list-style-type: none"> <li>• \$0 for each Fecal Occult blood test. Once per year.</li> <li>• \$0 for each Flexible Sigmoidoscopy. Once every 4 years or once every 10 years after having a screening colonoscopy</li> <li>• \$0 for each Screening Colonoscopy. Once every 24 months at high risk; Once every 10 years not at high risk</li> <li>• \$0 for each Barium Enema.: Once every 24 months at high risk; every 4 years not at high risk</li> </ul>

<p><b>Diabetes Screening Test</b></p>	<p>You pay:</p> <ul style="list-style-type: none"> <li>• \$0 for each Diabetes screening test</li> </ul> <p>- Limit to 2 per year for beneficiaries diagnosed with pre-diabetes (billed w/ TS mod)</p> <p>- Limit to 1 screening per year if previously tested but not diagnosed with pre-diabetes, or if never tested</p>
<p><b>Glaucoma Screening</b> (annually for beneficiaries in the high risk group)</p>	<p>You pay:</p> <ul style="list-style-type: none"> <li>• \$0 for each Medicare covered Glaucoma screening test.</li> </ul> <p>- Limit to 1 per year for beneficiaries in one of the high risk groups</p>
<p><b>Health &amp; Wellness Education Programs</b></p>	<p>You pay \$0 for these additional benefits:</p> <ul style="list-style-type: none"> <li>• Health Ed Classes</li> <li>• Written Health Education Materials including Newsletter</li> <li>• Nutritional Training</li> <li>• Smoking Cessation - 2 attempts per year</li> <li>• Nursing Hotline</li> <li>• Disease Management</li> </ul>

<p><b>Immunizations</b> - Flu vaccine, Hepatitis B vaccine, Pneumonia vaccine &amp; H1N1 vaccine</p>	<p>You pay:</p> <ul style="list-style-type: none"> <li>• \$0 For the administration of each vaccine.</li> <li>• \$0 for each Medicare covered Flu vaccine.</li> <li>• \$0 for each Medicare covered Pneumonia vaccine.</li> <li>• \$0 for each Medicare covered Hepatitis B vaccine.</li> <li>• \$0 for each Medicare covered Immunization.</li> <li>• \$0 for each Medicare covered H1N1 vaccine.</li> <li>• 100% for shingles zoster. (not covered)</li> </ul> <ul style="list-style-type: none"> <li>- Limit to 1 Flu vaccine per season</li> <li>- Limit to 1 H1N1 vaccine per season</li> <li>- Limit to 1 Pneumonia vaccine per lifetime</li> </ul>
<p><b>Initial Preventative Physical Exam</b></p>	<p>If your coverage to Medicare Part B begins on or after January 1, 2005, you may receive a one time physical exam within the first six months of your new Part B coverage. This will not include laboratory tests. Please contact your plan for further details.</p> <p>You pay:</p> <ul style="list-style-type: none"> <li>• \$0 for the one time physical exam. Limit to one in a lifetime</li> <li>\$0 for Medicare covered benefits. Limit to one per year</li> </ul>
<p><b>Mammograms</b></p>	<p>You pay:</p> <ul style="list-style-type: none"> <li>• \$0 for each Medicare covered screening mammogram.</li> <li>• \$0 for each Medicare covered baseline mammogram.</li> <li>• \$0 for each Medicare covered diagnostic mammogram</li> </ul> <ul style="list-style-type: none"> <li>- Limit to 1 screening mammogram every 12 months for women over 40</li> <li>- Limit to 1 baseline mammogram for women between the ages of 35-39</li> </ul>
<p><b>Medical Nutrition Therapy</b> - for people with diabetes, renal (kidney) disease (but not on dialysis), and after a transplant when referred by a doctor.</p>	<p>You pay:</p> <ul style="list-style-type: none"> <li>• \$0 for each Medicare covered Medical Nutrition Therapy visit/service.</li> </ul> <ul style="list-style-type: none"> <li>- Limit to 3 hours of one-on-one counseling in the 1st year, and 2 hours for each subsequent year</li> </ul>

<p><b>Pap Smears and Pelvic Exams</b></p>	<p>You pay:</p> <ul style="list-style-type: none"> <li>• \$0 for each Medicare covered pap smear</li> <li>• \$0 for each Medicare covered pelvic &amp; breast exam.</li> </ul> <p>- Limit to 1 screening pap and 1 pelvic exam every 12 months for women at high risk or at childbearing age w/ abnormal pap in the past 3 years.</p> <p>- Limit to 1 screening pap and 1 pelvic exam every 24 months for all other women</p>
<p><b>Prostate Cancer Screening Exams - for men with Medicare age 50 and older</b></p>	<p>You pay:</p> <ul style="list-style-type: none"> <li>• \$0 for each Medicare covered digital rectal exam (DRE).</li> <li>• \$0 for each Medicare covered prostate specific antigen test (PSA).</li> </ul> <p>-Limit to 1 DRE and 1 PSA every 12 months</p>
<p><b>Routine Physical Exams (This is not the IPPE)</b></p>	<p>You pay:</p> <ul style="list-style-type: none"> <li>• \$0 for each routine physical exam.</li> <li>• \$0 for Medicare covered benefits</li> </ul> <p>- Limit to 1 routine physical exam each year</p>
<p><b>ADDITIONAL BENEFITS</b></p>	
<p><b>Dental Services</b></p>	<p>You pay:</p> <ul style="list-style-type: none"> <li>• \$30 for each Medicare covered Dental service.</li> </ul> <p>The following benefits will be denied as non covered</p> <ul style="list-style-type: none"> <li>- oral exam(s)</li> <li>- cleaning(s)</li> <li>- dental x-ray(s)</li> </ul>
<p><b>Hearing Services</b></p>	<p>You pay:</p> <ul style="list-style-type: none"> <li>• \$30 for each medically necessary hearing exams.</li> <li>• \$30 for each audiology service.</li> </ul> <p>The following benefits are not processed at TMG &amp; will be denied to resubmit claim to Avesis:</p> <ul style="list-style-type: none"> <li>• \$30 for each routine hearing exam.</li> <li>• \$0 for hearing aids up to a limit of \$300 every 3 years.</li> </ul> <p>- Limit to 1 routine hearing exam per year</p>

<p><b>Vision Services</b></p>	<p>You pay:</p> <ul style="list-style-type: none"> <li>• \$30 for each medically necessary eye exam.</li> <li>• \$30 for each Diabetic Retinopathy Eye Exam.</li> <li>• \$30 for each ophthalmology service.</li> <li>• \$35 for Medicare Covered Eyewear. (One pair of glasses or contacts after each cataract surgery)</li> </ul> <p>The following benefits are not processed at TMG &amp; will be denied to resubmit claim to Avesis:</p> <ul style="list-style-type: none"> <li>• \$10 for each routine eye exam. Limit to 1 per year.</li> <li>• \$0 for Extended Eyewear covered up to \$100 every 2 years. (Outside of the Post Cataract Benefit)</li> </ul>
<p><b>NON COVERED BENEFITS</b></p>	
<p><b>Miscellaneous Non Plan Covered Services (Member Liability)</b></p>	<p>You pay 100% for the following non-plan covered services:</p> <ul style="list-style-type: none"> <li>• Acupuncture</li> <li>• Athletic Training</li> <li>• Dermatology</li> <li>• Compression Stockings</li> <li>• Routine Transportation</li> <li>• Self Administered Drugs (SADS)</li> <li>• Miscellaneous non-covered Items</li> </ul>
<p><b>Miscellaneous Non Covered Services (Provider Liability)</b></p>	<ul style="list-style-type: none"> <li>• Bundled Services</li> <li>• Demonstration Projects</li> <li>• Billing Errors</li> <li>• Non Medically Necessary Services</li> <li>• Report Only Codes</li> </ul>

**NOTES:**

- 1) A benefit period begins the day you go to a hospital or skilled nursing facility. The benefit period nursing care for 60 days in a row. If you go into the hospital after one benefit period has ended, a r hospital copay for each benefit period. There is no limit to the number of benefit periods you can ha
- 2) Timely Filing Default has been set at 15 months from date of service with the exception of agree If a claim hits for timely filing, it is a **manual process** to review the CMS filing guidelines to determ upon it's earliest date of service. You may also need to review claims history to see if the claim wa
- 3) The system is set to zero pricing for Ambulance claims. It is a **manual process** to calculate pay
- 4) If the claim displays a warning message indicating that HPSA bonus may apply, it is a **manual p**
- 5) Carrier Discretion codes will pay the CMS rate where available. If no CMS rate will be **manually** be **manually priced** at 50% of charges. Directive from Dr. Cairl on 12.15.08 claims call. Clinical e Cairl on 01.06.09 benefit grid call.
- 6) Unlisted codes will pay the CMS rate where available. If no CMS rate will be **manually priced** a **manually priced** at 50% of charges. Directive from Dr. Cairl on 12.15.08 claims call. Clinical edits Cairl on 01.06.09 benefit grid call.
- 7) There are no authorization requirements for this PPO plan
- 8) Bad Dept will be paid at 70% of charge for providers who can prove they have not received payr
- 9) Clinical Trials will not be paid unless forced by CMS.
- 10) There will be no stacked copays. Only the higher copay per day per provider will be assessed.

**11)** For procedures that have global, technical, and professional components, if the benefit calls for technical portion of the charge. It will not be applied on the professional component (procedure bill applied on all portions of the charge).

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<p align="center"><b>Guardian Tribute Select Contract H9779; PBP 001 Out of Network</b></p>	
<p>Product = PPO01000 Standard SEPY_PFX = PP10 Auth Violation SEPY_PFX = N/A DEDE_PFX = N/A LTLT_PFX = P100</p>	<p>SESE_ID</p>
<p>\$0 monthly plan premium in addition to your monthly Medicare Part B premium</p> <p>\$4,000 out-of-pocket limit.</p> <p>All Medicare services covered under the out of pocket limit.</p> <p>Balance billing means that a provider may charge and bill you more than the plan's payment amount for services. There is a limit on what providers may charge for Medicare-covered services. Balance billing is prohibited by the plan.</p>	
<p>You may go to any doctor, specialist or hospital that accepts the plan's payment.</p>	
<p>20% of the cost for each hospital stay</p>	<p><b>Room &amp; Board:</b> 'ARB', 'CCU', 'ICU', 'LABR', 'NUR', 'PRB', 'PRBS', 'RB', 'RBDR', 'RBS', 'RHPP', 'SUB'</p>
<p>20% of the cost for each hospital stay</p>	<p><b>Room &amp; Board:</b> 'ICUP', 'PRBP', 'RBP'</p>
<p>20% of the cost for each SNF stay</p>	<p><b>Room &amp; Board:</b> 'SNPP'</p>

<p>You pay: • \$0 for inpatient ancillary services</p>	<p>'AIAH', 'ALI', 'ALIH', 'ANI', 'ANIH', 'ANIM', 'ANIN', 'ARIH', 'ASI', 'ASNI', 'ATI', 'AUI', 'AUIH', 'AUIU', 'AUIP', 'AUTI', 'AXI', 'BAEI', 'BAIH', 'BAPI', 'BATI', 'BDI', 'BDIH', 'BDPI', 'BDTI', 'BFI', 'BFIH', 'BLDI', 'BLIH', 'BPI', 'BPIH', 'BPPI', 'BPTI', 'CAI', 'CAIH', 'CAPI', 'CATI', 'CCHI', 'CCSI', 'CDAI', 'CDCI', 'CDDI', 'CDLI', 'CDPI', 'CDTI', 'CDVI', 'CDYI', 'CEEI', 'CEMI', 'CGGI', 'CGTI', 'CHAI', 'CHDI', 'CHI', 'CIFI', 'CIJI', 'CIMP', 'CLIH', 'CMGI', 'CMHI', 'CMII', 'CNSI', 'COCI', 'COIH', 'COLI', 'COTI', 'CPTI', 'CRIH', 'CRSI', 'CRXI', 'CSPI', 'CSTI', 'CTI', 'CTIH', 'CTPI', 'CTTI', 'CVIH', 'CVSI', 'CXAI', 'DEDI', 'DEIH', 'DMI', 'DMIH', 'DREI', 'DRIH', 'DSTI', 'DTSI', 'DXI', 'DXIH', 'DXPI', 'DXTI', 'DYI', 'DYIH', 'ECI', 'ECIH', 'ECPI', 'ECTI', 'EDIH', 'EDUI', 'EEI', 'EEIH', 'EERI', 'EETI', 'EKIH', 'FLIH', 'FLUI', 'FLXI', 'FVIH', 'GAI', 'GAIH', 'GAPI', 'GATI', 'GSI', 'GSIH', 'HBIH', 'HBVI', 'HEI', 'HEXI', 'HHIH', 'IAI', 'IAIH', 'IAN', 'IER', 'IFDI', 'IFIH', 'IFPI', 'IJI', 'JIH', 'JIP', 'IMI', 'MIH', 'IMP', 'INDI', 'IPIH', 'IPPI', 'LI', 'LIH', 'MAMI', 'MAPI', 'MHGI', 'MHII', 'MI', 'MIB', 'MIBH', 'MIBP', 'MIBT', 'MIP', 'MIS', 'MISP', 'MIST', 'MIT', 'MNIH', 'MNIT', 'MRI',</p>
<p>You must receive care from a Medicare Certified Hospice. Claims must be filed to regional Hospice Vendor</p>	<p><b>Hospice:</b> 'HOS'</p>
<p>20% for home health visits</p>	<p><b>Home Care Visits &amp; Services:</b> 'HHC', 'HHOH', 'HHPP', 'HHV', 'NPHH', 'OVHO', 'PAHH' <b>Home Therapy:</b> 'HHOT', 'HHOV', 'HHPT', 'HHPV', 'HHST', 'HHSV' <b>Carrier Discretion:</b> 'CDHH'</p>
<p>You Pay: • 20% for each visit/service by a primary care dr. • 20% for each visit/service by a specialist</p>	<p><b>PCP:</b> <b>Office:</b> 'NSNO', 'NVOO', 'PSNO', 'PVOO', 'SNOP', 'VOP', <b>Outpt Facility:</b> 'NPSF', 'NOBF', 'NVOF', 'OBOP', 'OMPF', 'POBF', 'POBP', 'PPSF', 'PPSP', 'PVOF', 'PVOP', 'VOPF' <b>Physician Services:</b> 'OMPP', 'NPSO', 'PPSO' <b>Carrier Discretion:</b> 'CEMP', 'COMP' <b>Unlisted:</b> 'UOMP'</p> <p><b>SPECIALIST:</b> <b>Office:</b> 'PMD', 'SNOS', 'VO', 'VOS' <b>Outpt Facility:</b> 'OAN', 'OAOH', 'OBO', 'OBOH', 'OMSF', 'OVOH', 'OVRO', 'OVSO', 'PROH', 'RECO', 'RSOH', 'SNOH', 'VOF', 'VOSF', 'WOBF' <b>Physician Services:</b> 'OAN', 'OMPS', <b>Carrier Discretion:</b> 'CEMO', 'COMS' <b>Unlisted:</b> 'UOMS'</p>
<p>20% of the cost for chiropractic benefits</p>	<p><b>Medicare Covered Chiropractic Visits:</b> 'NVCF', 'NVCO', 'PVCF', 'PVCO', 'VC', 'VCF' <b>Routine Chiropractic Visits:</b> 'VCRT'</p>

<p>20% of the cost for podiatry benefits</p>	<p><b>Medicare Covered Visits:</b> 'NVFF', 'NVFO', 'VFO', 'VFOF'  <b>Podiatric Surgery:</b> 'NPDF', 'NPDO', 'NPNF', 'NPNO', 'PDNF', 'PDNO', 'POD', 'PODF', 'PPDF', 'PPDO', 'PPDP', 'PPNF', 'PPNO', 'PPNP', 'PVFF', 'PVFO', 'PVFP'  <b>Routine Podiatric Services:</b> 'RPDF', 'RPDI', 'RPDO', 'RPNF', 'RPNI', 'RPNO'</p>
<p>20% of the cost for for each Medicare covered Occupational Therapy service. Unlimited  20% for each Medicare covered Physical/Speech/ Language Therapy service. Unlimited</p>	<p><b>Occupational Therapy:</b> 'OTNH', 'OTO', 'OTOH', 'OTON'  <b>Physical Therapy:</b> 'PTNH', 'PTO', 'PTOH', 'PTON'  <b>Speech Therapy:</b> 'STNH', 'STO', 'STOH', 'STON'  <b>Cardiac Rehab:</b> 'CROH'  <b>Other Therapy:</b> 'NTHF', 'NTHO', 'OMOF', 'OMOH', 'OMOP', 'OMOS', 'PTHF', 'PTHO', 'PTHP', 'TOF', 'TOH', 'TOP', 'TOS';  <b>Carrier Discretion:</b> 'COTO', 'CPTO', 'CSTO', 'CDTO'</p>
<p>You pay:</p> <ul style="list-style-type: none"> <li>• 20%for each Medicare covered individual therapy visit.</li> <li>• 20% For each Medicare covered group therapy visit.</li> <li>• 20% for partial hospitalization.</li> <li>• 20% for other Medicare covered mental health services</li> </ul>	<p><b>Individual Therapy:</b> 'MHIO', 'NMIF', 'NMIO', 'VPIF', 'VPIO', 'WMIF', 'WMIO'  <b>Group Therapy:</b> 'MHGO', 'NMGF', 'NMGO', 'PMGF', 'PMGO', 'PMGP', 'PMIF', 'PMIO', 'PMIP', 'VPGF', 'VPGO', 'WMGF', 'WMGO'  <b>Other Mental health Services:</b> 'BFF', 'BFO', 'BFOH', 'NBFF', 'NBFO', 'OVOP', 'PBFF', 'PBFO', 'PBFP', 'SWOH', 'VPO', 'VPOF', 'VPOH', 'WBFF', 'WBFO', 'WDPF', 'WDPO', 'WDTF', 'WDTO', 'WDXF', 'WDXO', 'WPSF', 'WPSO', 'WSNO', 'WVOF', 'WVOO', 'WVOH'  <b>Carrier Discretion:</b> 'CMIO', 'CMGO', 'CMHO'</p>
<p>20% of the cost for outpatient substance abuse benefits</p>	<p><b>Individual Therapy:</b> 'NSIF', 'NSIO', 'PSIF', 'PSIO', 'PSIP', 'SAIO', 'VSIF', 'VSIO', 'WSIF', 'WSIO'  <b>Group Therapy:</b> 'NSGF', 'NSGO', 'PSGF', 'PSGO', 'PSGP', 'SAGO', 'VSGF', 'VSGO', 'WSGF', 'WSGO'  <b>Other Covered Substance Abuse::</b> 'AROH', 'VSO', 'VSOF', 'VSOH'</p>
<p>20% of the cost for ambulatory surgical center benefits</p>	<p><b>Ambulatory surgery:</b> 'ASCN', 'ASCR', 'OSF '  <b>Non-approved procedure or provider:</b> 'ASC'</p>

<p>You pay:</p> <ul style="list-style-type: none"> <li>• 20% for each Medicare covered visit to an outpatient hospital facility. (applies to hospital bill only, not the physician's bill)</li> <li>• 20% for each Medicare covered visit to a PCP in an office setting or</li> <li>• 20% for each Medicare covered visit to a specialist in an office setting</li> </ul>	<p><b>Outpatient Facility:</b> '150F', '15NF', '200F', '20NF', 'ASNF', 'ASOF', 'N1NF', 'N1SF', 'N2NF', 'N2SF', 'NANF', 'NASF', 'P1NF', 'P1SF', 'P2NF', 'P2SF', 'PANF', 'PANP', 'PASF', 'PASP', 'SCNF', 'SNPF', 'SNRF', 'SNTF', 'SRCF', 'SRNF', 'SROF', 'SROH', 'SRPF', 'SRRF', 'TNSF', 'TRSF'</p> <p><b>PCP Non-Facility:</b> '150P', '15NP', , 'N1NM', 'N1SM', 'N2NM', 'N2SM', 'NANO', 'NASO', 'P1NM', 'P1NP', 'P1SM', 'P1SP', 'P2NM', 'P2NP', 'P2SM', 'P2SP', 'PANO', 'PASO', 'SROP', 'SRNP'</p> <p><b>Specialist Non-Facility:</b> '150M', '15NM', '200M', '20NM', 'ASNO', 'ASO', 'SCNO', 'SNPO', 'SNRO', 'SNTO', 'SRCO', 'SRO', 'SRON', 'SRPO', 'SRRO', 'TNSO', 'TRSO'</p> <p><b>Carrier Discretion:</b> 'CNSO', 'CRSO', 'CRSP', 'CNSP'</p> <p><b>Unlisted Surgery:</b> 'UNSO', 'URSO', 'UNSP', 'URSP'</p>
<p>You pay:</p> <ul style="list-style-type: none"> <li>• \$0 for each Medicare covered anesthesia service</li> </ul>	<p><b>Anesthesia:</b> 'ANO', 'ANOH', 'ANOM', 'ANON'</p> <p><b>Unlisted:</b> 'UANO'</p>
<p>20% of the cost for ambulance benefits</p>	<p><b>Ambulance Transportation:</b> 'AM', 'AMAC', 'AMBC'</p> <p><b>Ambulance Mileage:</b> 'AMA', 'AMB',</p> <p><b>Unlisted:</b> 'UAMB'</p>
<p>You Pay:</p> <ul style="list-style-type: none"> <li>• 20% of the cost for each visit to an Emergency Room. (capped at \$50)</li> </ul> <p>Copay waived if admitted to the hospital w/in 23 hours for the same condition</p> <p>World Wide Coverage</p>	<p><b>Hospital SEID:</b> 'OER'</p> <p><b>Medical SEIDs:</b> 'E150', 'E15N', 'E200', 'E20N', 'EMRP', 'EN1N', 'EN1S', 'EN2N', 'EN2S', 'ENPN', 'ENPS', 'EP1N', 'EP1S', 'EP2N', 'EP2S', 'EPAN', 'EPAS', 'ERAN', 'ERAS', 'ERCL', 'ERCN', 'ERCS', 'ERIJ', 'ERNN', 'ERNP', 'ERNS', 'ERPA', 'ERP', 'ERPN', 'ERPS', 'ERRN', 'ERRS', 'ERSN', 'ERSR', 'ERSV', 'ERSW'</p> <p><b>World Wide Coverage:</b> 'WWC'</p> <p><b>Carrier Discretion:</b> 'CDER'</p>
<p>You Pay:</p> <ul style="list-style-type: none"> <li>• 20% of the cost for each urgent care visit</li> </ul>	<p><b>Urgent Care Visits:</b> 'NURO', 'OVUR', 'PURO', 'URG', 'URGP', 'UROH'</p>

<p>You pay:</p> <ul style="list-style-type: none"> <li>• 20% of the cost for each Medicare covered item</li> </ul>	<p><b>Capped Rental:</b> 'DCKH', 'DCKI', 'DCKJ', 'DCMS', 'DCNU'  <b>DME:</b> 'DMO', 'DMOH', 'TNSR'  <b>Oxygen:</b> 'OXYG'  <b>Oxygen Contents:</b> 'OCNT'  <b>Parenteral/Enteral Nutrition:</b> 'PENO'  <b>Supplies:</b> 'CSPO', 'SPO', 'SPOH'  <b>Wheelchairs Enhanced:</b> 'WCEN'  <b>Wheelchairs Standard:</b> 'WCST'  <b>Carrier Discretion:</b> 'CDME'  <b>Unlisted Equipment:</b> 'UDME'  <b>Unlisted Supplies:</b> 'USPO'  <b>CMN Required:</b> 'CMN'</p>
<p>You pay:</p> <ul style="list-style-type: none"> <li>• 20% of the cost for each prosthetic device.</li> <li>• 20% of the cost for each orthotic device.</li> </ul>	<p><b>Orthotics:</b> 'ORD'  <b>Prosthetics:</b> 'PR', 'NIOL'  <b>Carrier Discretion:</b> 'CDME'  <b>Unlisted Equipment:</b> 'UDME'  <b>Unlisted Supplies:</b> 'USPO'</p>
<p>20% for Medicare covered Diabetes self-monitoring training.  20% of the cost for each Medicare covered Diabetes supply item.</p>	<p><b>Monitoring/Training:</b> 'DEDO', 'DEOH', 'NDEF', 'NDEO', 'PDEF', 'PDEO', 'PDEP'  <b>Equipment/Supply Items:</b> 'DIAB', 'DIBH'  <b>Shoes:</b> 'DIAS', 'DISH'</p>
<p>You Pay:</p> <ul style="list-style-type: none"> <li>• 20% for services by a PCP in an office setting.</li> <li>• 20% for services by a specialist in an office setting</li> <li>• 20% for services in a facility setting</li> <li>• 20% for services in an independent lab</li> <li>• 20% for the transportation &amp; set up of lab equipment.</li> <li>• 20% for the veinipuncture</li> </ul>	<p><b>Lab/Pathology by PCP in OFFICE:</b> 'CDLP', 'LOP', 'NPLO', 'NPPO', 'PLOP', 'PLPP', 'PLTP', 'PPLO', 'PPPO'  <b>Lab/Pathology by Spec in OFFICE:</b> 'CDLS', 'LOS', 'PLOS', 'PLPS', 'PLTS',  <b>Lab/Pathology by Facility:</b> 'CDLO', 'LO', 'LOH', 'NPLF', 'NPPF', 'PLOF', 'PLPF', 'PLTF', 'PPLF', 'PPLP', 'PPPF', 'PPPP'  <b>Lab/Pathology by independent Lab:</b> 'CDLL', 'LOIL', 'PLIL', 'PLPL', 'PLTL'  <b>Transportation/Set up of Lab/X-Ray Equip:</b> 'TOA'  <b>Veinipuncture:</b> 'VEIN'</p>
<p>You Pay:</p> <ul style="list-style-type: none"> <li>• 20% of the cost for each radiation therapy service</li> </ul>	<p><b>Radiation Therapy:</b> 'NRPF', 'NRPO', 'NRXF', 'NRXO', 'PRPF', 'PRPO', 'PRPP', 'PRXF', 'PRXO', 'PRXP', 'RXOF', 'RXOH', 'RXOP', 'RXOS', 'RXPf', 'RXPP', 'RXPS', 'RXTF', 'RXTp', 'RXTS'  <b>Carrier Discretion:</b> 'CRXO'</p>

<p>You Pay:</p> <ul style="list-style-type: none"> <li>• 20% for each General X-ray/Radiology service in an office setting</li> <li>• 20% for each General X-ray/Radiology service in a facility setting</li> <li>• 20% for each Radiology service in an office setting</li> <li>• 20% for each Radiology service in a facility setting</li> <li>• 20% for each CAT, MRA, MRI, Nuclear Med, &amp; PET scans in either an office or facility setting.</li> <li>• \$0 for the transportation &amp; set up of X-Ray equipment</li> </ul>	<p><b>General Radiology Office:</b> 'NYPO', 'NYRO', 'PDTO', 'PYPO', 'PYRO', 'RDOP', 'RDOS', 'RDPP', 'RDPS', 'RDTP', 'RDTS'</p> <p><b>General Radiology Facility:</b> 'NYPF', 'NYRF', 'PYPF', 'PYPP', 'PYRF', 'PYRP', 'RDOF', 'RDOH', 'RDPF', 'RDTF'</p> <p><b>Xrays Office:</b> 'N1PO', 'NX1O', 'P1PO', 'PX1O', 'X1OP', 'X1OS', 'X1PP', 'X1PS', 'X1TP', 'X1TS'</p> <p><b>Xrays Facility:</b> 'N1PF', 'NX1F', 'P1PF', 'P1PP', 'PX1F', 'PX1P', 'X1OF', 'X1OH', 'X1PF', 'X1TF'</p> <p><b>Advanced Radiology:</b> 'NXAF', 'NXAO', 'NXPF', 'NXPO', 'PXAF', 'PXAO', 'PXAP', 'PXPF', 'PXPO', 'PXPP'</p> <p><b>Cat Scans:</b> 'CTOF', 'CTOH', 'CTOP', 'CTOS', 'CTPF', 'CTPP', 'CTPS', 'CTTF', 'CTTP', 'CTTS'</p> <p><b>MRA:</b> 'MAOF', 'MAOH', 'MAOP', 'MAOS', 'MAPF', 'MAPP', 'MAPS', 'MATF', 'MATP', 'MATS'</p> <p><b>MRI:</b> 'MROF', 'MROH', 'MROP', 'MROS', 'MRPF', 'MRPP', 'MRPS', 'MRTF', 'MRTP', 'MRTS'</p> <p><b>Nuclear Medicine:</b> 'NMOF', 'NMOH', 'NMOP', 'NMOS', 'NMPF', 'NMPP', 'NMPS', 'NMTF', 'NMTP', 'NMTS'</p> <p><b>PET Scans:</b> 'PEOH', 'PTGF', 'PTGP', 'PTGS', 'PTPF', 'PTPP', 'PTPS', 'PTTF', 'PTTP', 'PTTS'</p> <p><b>Transportation/Set up of Lab/X-Ray Equip:</b> 'TOA'</p> <p><b>Carrier Discretion:</b> 'CDDO', 'CDDF', 'CX1F', 'CX1I', 'CX1O'</p>
<p>You Pay:</p> <ul style="list-style-type: none"> <li>• 20% for each Allergy Service in an office setting by a PCP.</li> <li>• 20% for each Allergy Service in an office setting by a specialist.</li> <li>• 20% for each Allergy Service in a facility setting</li> </ul>	<p><b>Allergy Tests:</b></p> <p><b>PCP:</b> 'ALOP', 'NALO', 'PALO'</p> <p><b>SPEC:</b> 'ALOS'</p> <p><b>FACILITY:</b> 'ALOF', 'ALOH', 'NALF', 'PALF', 'PALP',</p> <p><b>Allergy Treatment:</b></p> <p><b>PCP:</b> 'AXOP', 'NXLO', 'PXLO'</p> <p><b>SPEC:</b> 'AXOS'</p> <p><b>FACILITY:</b> 'AXOF', 'NXLF', 'PXLF', 'PXLPL',</p> <p><b>Carrier Discretion:</b> 'CDAP', 'CDAS', 'CDAF', 'CXAP', 'CXAS', 'CXAF'</p>
<p>You Pay:</p> <ul style="list-style-type: none"> <li>• 20% of the cost for each Cardiology Service in an office setting</li> <li>• 20% of the cost for each Cardiology Service in a facility setting</li> </ul>	<p><b>Cardiology:</b></p> <p><b>Office:</b> 'CAOP', 'CAOS', 'CAPP', 'CAPS', 'CATP', 'CATS', 'NCAO', 'NCPO', 'NCTO', 'PCAO', 'PCPO', 'PCTO'</p> <p><b>Facility:</b> 'CAOF', 'CAOH', 'CAPF', 'CATF', 'NCAF', 'NCPF', 'NCTF', 'PCAF', 'PCAP', 'PCPF', 'PCPP', 'PCTF', 'PCTP'</p> <p><b>Carrier Discretion:</b> 'CDCO', 'CDCF'</p>
<p>You Pay:</p> <ul style="list-style-type: none"> <li>• 20% of the cost for each Echography Service in an office setting</li> <li>• 20% of the cost for each Echography Service in a facility setting</li> </ul>	<p><b>Echography:</b></p> <p><b>Office:</b> 'ECOP', 'ECOS', 'ECPP', 'ECPs', 'ECTP', 'ECTS'</p> <p><b>Facility:</b> 'ECOF', 'ECOH', 'ECPF', 'ECTF'</p>
<p>You Pay:</p> <ul style="list-style-type: none"> <li>• 20% of the cost for each EEG in an office setting</li> <li>• 20% of the cost for each EEG in a facility setting</li> </ul>	<p><b>EEG:</b></p> <p><b>Office:</b> 'EEOP', 'EEOS', 'EAPP', 'EEPS', 'EETP', 'EETS'</p> <p><b>Facility:</b> 'EEOF', 'EEOH', 'EAPP', 'EETF'</p> <p><b>Carrier Discretion:</b> 'CEE0', 'CEEF'</p>

<p>You Pay:</p> <ul style="list-style-type: none"> <li>• 20% of the cost for each EKG in an office setting</li> <li>• 20% of the cost for each EKG in a facility setting</li> </ul>	<p><b>EKG:</b>  <b>Office:</b> (see Cardiology Office)  <b>Facility:</b> 'EKOH'</p>
<p>You Pay:</p> <ul style="list-style-type: none"> <li>• 20% of the cost for each Gastroenterology Service in an office setting</li> <li>• 20% of the cost for each Gastroenterology Service in a facility setting</li> </ul>	<p><b>Gastroenterology:</b>  <b>Office:</b> 'GAOP', 'GAOS', 'GAPP', 'GAPS', 'GATP', 'GATS'  <b>Facility:</b> 'GAOF', 'GAOH', 'GAPF', 'GATF'  <b>Carrier Discretion:</b> 'CGGO', 'CGGF', 'CGTO', 'CGTF'</p>
<p>You Pay:</p> <ul style="list-style-type: none"> <li>• 20% of the cost for each Diagnostic Service in an office setting</li> <li>• \$20% of the cost for each Diagnostic Service in a facility setting</li> </ul>	<p><b>Other Diagnostic Tests:</b>  <b>Office:</b> 'DXOP', 'DXOS', 'DXPP', 'DXPS', 'DXTP', 'DXTS', 'NDPO', 'NDTO', 'NDXO', 'PDPO', 'PDXO'  <b>Facility:</b> 'DXOF', 'DXOH', 'DXPF', 'DXTF', 'NDPF', 'NDTF', 'NDXF', 'PDPF', 'PDTF', 'PDXF', 'PDPP', 'PDTP', 'PDXP'  <b>Carrier Discretion:</b> 'CDCO', 'CDCF'  <b>Unlisted Diagnostic Services:</b> 'UDO', 'UDOF'</p>
<p>You Pay:</p> <ul style="list-style-type: none"> <li>• 20% of the cost for each Pulmonary Service in an office setting</li> <li>• 20% of the cost for each Pulmonary Service in a facility setting</li> </ul>	<p><b>Pulmonary:</b>  <b>Office:</b> 'PUOP', 'PUOS', 'PUPP', 'PUPS', 'PUTP', 'PUTS'  <b>Facility:</b> 'PUOF', 'PUOH', 'PUPF', 'PUTF'  <b>Carrier Discretion:</b> 'CDPO', 'CDPF'</p>
<p>You Pay:</p> <ul style="list-style-type: none"> <li>• 20% of the cost for each Sleep Study in an office setting</li> <li>• 20% of the cost for each Sleep Study in a facility setting</li> </ul>	<p><b>Sleep Studies:</b>  <b>Office:</b> 'SLOP', 'SLOS', 'SLPP', 'SLPS', 'SLTP', 'SLTS'  <b>Facility:</b> 'SLOF', 'SLOH', 'SLPF', 'SLTF'</p>
<p>You Pay:</p> <ul style="list-style-type: none"> <li>• 20% of the cost for each Ultrasound in an office setting</li> <li>• 20% of the cost for each Ultrasound in a facility setting</li> </ul>	<p><b>Ultrasound:</b>  <b>Office:</b> 'ULOP', 'ULOS', 'ULPP', 'ULPS', 'ULTP', 'ULTS'  <b>Facility:</b> 'ULOF', 'ULOH', 'ULPF', 'ULTF'</p>
<p>You Pay:</p> <ul style="list-style-type: none"> <li>• 20% of the cost for each Vascular Service in an office setting</li> <li>• 20% of the cost for each Vascular Service in a facility setting</li> </ul>	<p><b>Vascular Services:</b>  <b>Office:</b> 'VAOP', 'VAOS', 'VAPP', 'VAPS', 'VATP', 'VATS'  <b>Facility:</b> 'VAOF', 'VAOH', 'VAPF', 'VATF'</p>
<p>You Pay:</p> <ul style="list-style-type: none"> <li>• 20% for each chemotherapy service</li> <li>• 20% of the cost for each chemotherapy drug</li> <li>• 20% for each Oncology Service</li> </ul>	<p><b>Chemotherapy Services:</b> 'CHAO', 'CHO', 'CHOF', 'NCHF', 'NCHO', 'PCHF', 'PCHO', 'PCHP'  <b>Chemotherapy Drugs:</b> 'CHDO'  <b>Oncology:</b> 'ONOH'  <b>Carrier Discretion:</b> 'CCHO'  <b>Unlisted:</b> 'UCHO'</p>
<p>You Pay:</p> <ul style="list-style-type: none"> <li>• 20% for surgical supplies, dressings, splints &amp; casts</li> </ul>	<p><b>Surgical Supplies:</b> 'SGSP'  <b>Splints &amp; Casts:</b> 'CAST', 'CCSO'</p>
<p>Blood - Coverage begins w/ the 4th pint of blood that you need. You pay 100% for the 1st 3 pints of blood and \$0 for each additional pint. Coverage of storage &amp; administration begins w/ the 1st pint of blood that you need.</p>	<p><b>Blood:</b> 'BLDO', 'BLOH'</p>
<p>You pay:</p> <ul style="list-style-type: none"> <li>• 20% of the cost for outpatient Part B Drugs &amp; Injectibles</li> <li>• 20% of the cost for Infusion Therapy</li> <li>• 20% of the cost for Nebulizer Drugs</li> </ul>	<p><b>Drugs/Injections:</b> 'IJO', 'IJOH', 'IJOP'  <b>Immunizations:</b> 'IMO', 'IMOH'  <b>Infusion Therapy:</b> 'CIFO', 'IFDO', 'IFOH', 'IFPF', 'IFPO', 'IVIG', 'NIFF', 'NIFO', 'PIFF', 'PIFO', 'PIFP'  <b>Nebulizer:</b> 'NEB'  <b>Carrier Discretion:</b> 'CIJO'  <b>Unlisted:</b> 'UIJO'</p>

<p>You pay:</p> <ul style="list-style-type: none"> <li>• 20% of the cost for outpatient dialysis services.</li> <li>• 20% for outpatient dialysis supplies.</li> </ul>	<p><b>Dialysis Services:</b> 'DYO', 'DYOF', 'DYOH', 'NDYF', 'NDYO', 'PDYF', 'PDYO', 'PDYP'</p> <p><b>Dialysis Supplies:</b> 'DYSH', 'DYSP'</p> <p><b>Carrier Discretion:</b> 'CDYO'</p>
<p>You pay:</p> <ul style="list-style-type: none"> <li>• \$0 for each Abdominal Aortic Aneurysm (AAA) screening.</li> </ul> <p>- Limit to 1 per lifetime</p>	<p><b>Abdominal Aortic Aneurysm:</b> 'AAAH', 'AAAP', 'AAPP', 'AATP', 'NAAF', 'NAAI', 'NAAO', 'PAAF', 'PAAI', 'PAAO', 'PAAP', 'PAAS'</p>
<p>You pay:</p> <ul style="list-style-type: none"> <li>• 20% for each Medicare covered Preventative Bone Mass Measurement.</li> <li>• 20% for each Medicare covered Diagnostic Bone Mass Measurement.</li> </ul> <p>- Limit to 1 every 24 months on preventative bone mass measurement</p>	<p><b>Diagnostic:</b> 'BDI', 'BDIH', 'BDO', 'BDOH', 'BDPI', 'BDPO', 'BDTI', 'BDTO'</p> <p><b>Preventative:</b> 'BPI', 'BPIH', 'BPO', 'BPOH', 'BPPI', 'BPPO', 'BPTI', 'BPTO', 'NBDF', 'NBDI', 'NBDO', 'NBPF', 'NBPI', 'NBPO', 'PBDF', 'PBDI', 'PBDO', 'PBDF', 'PBDS', 'PBPF', 'PBPI', 'PBPO', 'PBPP', 'PBPS'</p>
<p>You pay:</p> <ul style="list-style-type: none"> <li>• \$0 for each Medicare covered cardiovascular disease screening test.</li> </ul> <p>- Limit to 1 every 5 years.</p>	<p><b>Cardiovascular Disease Screening:</b> 'CVIH', 'CVOH', 'CVSI', 'CVSO'</p>
<p>You pay:</p> <ul style="list-style-type: none"> <li>• 20% of the cost for each Fecal Occul blood test. Once per year.</li> <li>• 20% of the cost for each Flexible Sigmoidoscopy. Once every 4 years or once every 10 years after having a screening colonoscopy</li> <li>• 20% of the cost for each Screening Colonoscopy. Once every 24 months at high risk; Once every 10 years not at high risk</li> <li>• 20% of the cost for each Barium Enema.: Once every 24 months at high risk; every 4 years not at high risk</li> </ul>	<p><b>Fecal Occult Blood:</b> 'CLIH', 'CLOH', 'COCI', 'COCL'</p> <p><b>Flex Sig:</b> 'FLEX', 'FLIH', 'FLOH', 'FLXF', 'FLXI', 'NFLF', 'NFLI', 'NFLO', 'PFLF', 'PFLI', 'PFLO', 'PFLP', 'PFLS'</p> <p><b>Colonoscopy:</b> 'COIH', 'COLF', 'COLI', 'COLO', 'COOH', 'NCOF', 'NCOI', 'NCOO', 'PCOF', 'PCOI', 'PCOO', 'PCOP', 'PCOS'</p> <p><b>Barium Enema:</b> 'BAEF', 'BAEI', 'BAEO', 'BAIH', 'BAOH', 'BAPF', 'BAPI', 'BAPO', 'BATF', 'BATI', 'BATO', 'NEAF', 'NEAI', 'NEAO', 'NEPF', 'NEPI', 'NEPO', 'NETF', 'NETI', 'NETO', 'PEAF', 'PEAI', 'PEAO', 'PEAP', 'PEAS', 'PEPF', 'PEPI', 'PEPO', 'PEPP', 'PEPS', 'PETF', 'PETI', 'PETO', 'PETP', 'PETS'</p>

You pay:

- \$0 for each Diabetes screening test

- Limit to 2 per year for beneficiaries diagnosed with pre-diabetes (billed w/ TS mod)
- Limit to 1 screening per year if previously tested but not diagnosed with pre-diabetes, or if never tested

**Pre-Diabetes** = 'DTSI', 'DTSO'

**Not diagnosed w/ pre-diabetes or not previously tested** = 'DSTI', 'DSTO'

You pay:

- \$0 for each Medicare covered Glaucoma screening test.

- Limit to 1 per year for beneficiaries in one of the high risk groups

**Glaucoma Screening:** 'GSI', 'GSO', 'GSOF', 'GSOH', 'NGSF', 'NGSI', 'NGSO', 'PGSF', 'PGSI', 'PGSO', 'PGSP', 'PGSS'

You pay 20% for these additional benefits:

- Health Ed Classes
- Written Health Education Materials including Newsletter
- Nutritional Training
- Smoking Cessation - 2 attempts per year
- Nursing Hotline
- Disease Management

**Education:** 'EDIH', 'EDOH', 'EDU', 'EDUF', 'EDUI', 'NEDF', 'NEDI', 'NEDO', 'PEDF', 'PEDI', 'PEDO', 'PEDP', 'PEDS'

<p>You pay:</p> <ul style="list-style-type: none"> <li>• \$0 for the administration of each vaccine.</li> <li>• \$0 for each Medicare covered Flu vaccine.</li> <li>• \$0 for each Medicare covered Pneumonia vaccine.</li> <li>• \$0 for each Medicare covered H1N1 vaccine.</li> <li>• 20% of the cost for each Medicare covered Hepatitis B vaccine.</li> </ul> <ul style="list-style-type: none"> <li>• 100% for shingles zoster. (not covered)</li> </ul> <ul style="list-style-type: none"> <li>- Limit to 1 Flu vaccine per season</li> <li>- Limit to 1 H1N1 vaccine per season</li> <li>- Limit to 1 Pneumonia vaccine per lifetime</li> </ul>	<p><b>Administration:</b> 'IAI', 'IAIH', 'IAO', 'IAOH'</p> <p><b>Flu vaccine:</b> 'FLUI', 'FLUV', 'FVIH', 'FVOH'</p> <p><b>Hepatitis B vaccine:</b> 'HBIH', 'HBOH', 'HBV', 'HBVI'</p> <p><b>Pneumococcal vaccine:</b> 'PPIH', 'PPOH', 'PPV', 'PPVI'</p> <p><b>Shingles Zoster:</b> 'NCIJ'</p> <p><b>H1N1 Vaccine:</b> 'H1N1'</p> <p><b>H1N1 Vaccine Admin:</b> 'IAI', 'IAIH', 'IAO', 'IAOH'</p>
<p>If your coverage to Medicare Part B begins on or after January 1, 2005, you may receive a one time physical exam within the first six months of your new Part B coverage. This will not include laboratory tests. Please contact your plan for further details.</p> <p>You pay:</p> <ul style="list-style-type: none"> <li>• \$0 for the one time physical exam. Limit to one in a lifetime</li> </ul>	<p><b>Initial Preventative Physical Exam:</b> 'IPIH', 'IPOH', 'IPPE', 'IPPF', 'IPPI', 'NIPF', 'NIPi', 'NIPO', 'PIPF', 'PIPI', 'PIPO', 'PIPP', 'PIPS'</p>
<p>You pay:</p> <ul style="list-style-type: none"> <li>• 20% of the cost for each Medicare covered screening mammogram.</li> <li>• 20% of the cost for each Medicare covered baseline mammogram.</li> <li>• 20% of the cost for each Medicare covered diagnostic mammogram</li> </ul> <ul style="list-style-type: none"> <li>- Limit to 1 screening mammogram every 12 months for women over 40</li> <li>- Limit to 1 baseline mammogram for women between the ages of 35-39</li> </ul>	<p><b>Screening:</b> 'MIS', 'MISH', 'MISP', 'MIST', 'MOS', 'MOSH', 'MOSP', 'MOST'</p> <p><b>Baseline:</b> 'MIB', 'MIBH', 'MIBP', 'MIBT', 'MOB', 'MOBH', 'MOBP', 'MOBT'</p> <p><b>Diagnostic:</b> 'MAMI', 'MAMO', 'MI', 'MIP', 'MIT', 'MO', 'MOP', 'MOT'</p>
<p>You pay:</p> <ul style="list-style-type: none"> <li>• 20% of the cost for each Medicare covered Medical Nutrition Therapy visit/service.</li> </ul> <ul style="list-style-type: none"> <li>- Limit to 3 hours of one-on-one counseling in the 1st year, and 2 hours for each subsequent year</li> </ul>	<p><b>Medical Nutrition Therapy:</b> 'MNIH', 'MNOH', 'MNT', 'MNTF', 'MNTI', 'NMNF', 'NMNI', 'NMNO', 'PMNF', 'PMNI', 'PMNO', 'PMNP', 'PMNS'</p>

<p>You pay:</p> <ul style="list-style-type: none"> <li>• 20% of the cost for each Medicare covered pap smear</li> <li>• 20% of the cost for each each Medicare covered pelvic &amp; breast exam.</li> </ul> <p>- Limit to 1 screening pap and 1 pelvic exam every 12 months for women at high risk or at childbearing age w/ abnormal pap in the past 3 years.</p> <p>- Limit to 1 screening pap and 1 pelvic exam every 24 months for all other women</p>	<p><b>Pap Test:</b> 'NPAF', 'NPAl', 'NPAO', 'PPAF', 'PPAI', 'PPAO', 'PPAP', 'PPAS', 'PS', 'PSI', 'PSIH', 'PSOH', 'PSP', 'PSPF', 'PSPI'</p> <p><b>Pelvic &amp; Breast Exam:</b> 'NSEF', 'NSEI', 'NSEO', 'PSEF', 'PSEI', 'PSEO', 'PSEP', 'PSES', 'SEIH', 'SEOH', 'SPE', 'SPEF', 'SPEI'</p>
<p>You pay:</p> <ul style="list-style-type: none"> <li>• 20% of the cost for each Medicare covered digital rectal exam (DRE).</li> <li>• 20% of the cost for each Medicare covered prostate specific antigen test (PSA).</li> </ul> <p>-Limit to 1 DRE and 1 PSA every 12 months</p>	<p><b>Digital Rectal Exam:</b> 'DREF', 'DREI', 'DREO', 'DRIH', 'DROH', 'NDRF', 'NDRI', 'NDRO', 'PDRF', 'PDRI', 'PDRO', 'PDRP', 'PDRS'</p> <p><b>Prostate Specific Antigen:</b> 'PAIH', 'PAOH', 'PSA', 'PSAI'</p>
<p>You pay:</p> <ul style="list-style-type: none"> <li>• 20% of the cost for each routine physical exam.</li> </ul> <p>- Limit to 1 routine physical exam each year</p>	<p><b>Routine Exam:</b> 'NREF', 'NREI', 'NREO', 'NWBF', 'NWBI', 'NWBO', 'PREF', 'PREI', 'PREO', 'PREP', 'PRES', 'PWBF', 'PWBI', 'PWBO', 'REPF', 'REPO', 'RESF', 'RESO', 'REXI', 'WBI', 'WBOF', 'WBOP', 'WBOS'</p>
<p>You pay:</p> <ul style="list-style-type: none"> <li>• 20% of the cost for comprehensive Dental benefits</li> </ul> <p>The following benefits will be denied as non covered</p> <ul style="list-style-type: none"> <li>- oral exam(s)</li> <li>- cleaning(s)</li> <li>- dental x-ray(s)</li> </ul>	<p><b>Medicare Covered Dental:</b> 'DTI', 'DTO', 'OSI', 'OSO'</p> <p><b>Non - Covered Preventative Dental:</b> 'DENT'</p> <p><b>Dental covered by Avesis:</b> 'XXDS'</p>
<p>You pay:</p> <ul style="list-style-type: none"> <li>• 100% of the cost for each routine hearing exam (not covered)</li> <li>• 20% of the cost for each medically necessary hearing exams.</li> <li>• 20% of the cost for each audiology service.</li> <li>• 100% of the cost for a hearing aid (not covered)</li> </ul>	<p><b>Routine exam:</b> 'HE', 'HEF', 'NHEF', 'NHEO', 'PHEF', 'PHEO', 'PHEP'</p> <p><b>Medical exams:</b> 'HEEX', 'HEXF', 'NHXF', 'NHXO', 'PHXF', 'PHXO', 'PHXP'</p> <p><b>Audiology Services:</b> 'AUOF', 'AUOH', 'AUOP', 'AUOS', 'AUPF', 'AUPP', 'AUPS', 'AUTF', 'AUTP', 'AUTS', 'NAPF', 'NAPO', 'NATF', 'NATO', 'NAUF', 'NAUO', 'PAPF', 'PAPO', 'PAPP', 'PATF', 'PATO', 'PATP', 'PAUF', 'PAUO', 'PAUP'</p> <p><b>Hearing Aids:</b> 'HAID', 'HEVL'</p> <p><b>Unlisted Hearing Services:</b> 'AUOU', 'UHEO'</p> <p><b>Hearing Covered by Avesis:</b> XXHS</p>

<p>You pay: 20% of the cost for eye exams 20% of the cost for eye wear</p> <p>The following benefits are not processed at TMG &amp; will be denied to resubmit claim to Avesis:</p> <ul style="list-style-type: none"> <li>• Routine eye exam</li> <li>• Extended Eyewear</li> </ul>	<p><b>Eyewear Non-Post Cataract:</b> 'VSR'  <b>Eyewear Post Cataract:</b> 'VSRO'  <b>Eyewear Extended Benefit non covered:</b> 'VSRE'  <b>Medical Exams:</b> 'NVXF', 'NVXO', 'PVXF', 'PVXO', 'PVXP', 'VEXX', 'VXXF',  <b>Routine Exams non-covered:</b> 'NVEF', 'NVEO', 'PVEF', 'PVEO', 'PVEP', 'VEX', 'VEXF'  <b>Ophthalmology:</b> 'ODOF', 'ODOH', 'ODOP', 'ODOS', 'ODPF', 'ODPP', 'ODPS', 'ODTF', 'ODTP', 'ODTS'  Refraction non-covered: 'REFR'  <b>Carrier Discretion:</b> 'CDVO'  <b>Unlisted Eyewear:</b> 'UVSR'  <b>Vision covered by AVESIS:</b> 'XXVS'</p>
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<p>You pay 100% for the following non-plan covered services:</p> <ul style="list-style-type: none"> <li>• Acupuncture</li> <li>• Athletic Training</li> <li>• Dermatology</li> <li>• Compression Stockings</li> <li>• Routine Transportation</li> <li>• Self Administered Drugs (SADS)</li> <li>• Miscellaneous non-covered Items</li> </ul>	<p>APF', 'API', 'APO', 'ATI', 'ATO', 'DERM', 'HOLD', 'JBST', 'NCAM', 'NCCH', 'NCDM', 'NCDX', 'NCDY', 'NCHE', 'NCHH', 'NCI', 'NCIJ', 'NCIM', 'NCLO', 'NCO', 'NCOM', 'NCOV', 'NCPS', 'NCPT', 'NCRA', 'NCRG', 'NCRH', 'NCSN', 'NCSP', 'NCSR', 'NCVS', 'SDIH', 'SDOH'</p>
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<ul style="list-style-type: none"> <li>• Bundled Services</li> <li>• Demonstration Projects</li> <li>• Billing Errors</li> <li>• Non Medically Necessary Services</li> <li>• Report Only Codes</li> </ul>	<p><b>Bundled Services:</b> 'BUND'  <b>Demonstration Projects:</b> 'CCDP', 'INDP', 'LVDP', 'ONDP'  <b>Billing Errors:</b> 'ICMM', 'INVD', 'IPOS', 'IPSP', 'ZZD', 'ZZM', 'ZZZ'  <b>Non Medically Necessary Services:</b> 'INDI', 'INDX', 'NCMI', 'NCMN',  <b>Report Only:</b> 'RPTO'  <b>Provider not covered for service:</b> 'NCPR'</p>
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ends when you have not received hospital or skilled new benefit period begins. You must pay the inpatient ave.

ments with different timely filing and compensation rule. ine if the claim was submitted w/in the filing limit based as previously submitted w/in the filing limits.

ment for these claims.

**rocess** to apply the bonus to the final payment amount.

**priced** at the carrier rate. If no CMS or Carrier rate will dits take precedence over pricing rule. Approval from Dr.

at the carrier rate. If no CMS or Carrier rate will be ; take precedence over pricing rule. Approval from Dr.

nent from member in 120 days.

Applicable co-ins still applies.

r a copay, it will be applied on either the global or  
led with 26 mod). If the benefit calls for co-ins it will be

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**Config set up comments**

In-Network OOP max set on LTLT (Accumulator #92)  
Out-of-Network OOP max set on LTLT (Accumulator #93)

Benefit is applied on the Room & Board Line, not on the ancillary services.

It is a **manual process** to apply the limit of 90 days per benefit period.

Benefit is applied on the Room & Board Line, not on the ancillary services.

Limit of 190 days per lifetime set on LTLT (Accumulator#50)

It is a **manual process** to apply the limit of 100 days per benefit period.

If allowable per day is less than copay amt system will only calculate copay up to the allowable. In this case processor will **manually** apply the applicable copay.

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Liability is taken on the Room & Board Line

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These services all set with service rule 000 for non-covered provider liability. Provider must resubmit claim to the Hospice vendor (paid under original Medicare)

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The following specialty types are set on the SPCT table to point to PCP SEIDs:

Family Practice - 01  
General Practice - 08  
Internal Medicine - 11  
Pediatrics - 37

PMD (G0372): service rule set to deny non-covered provider liability. Alt rule set to specialist office visit when billed in the same day as E&M. Alt rule condition set on UTIP

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Codes 98940 - 98942 w/ AT modifier will pull the Medicare covered benefit. These codes w/out AT mod will pull NCMN and deny not medically necessary.

All other services map to NCVG and deny member liability with rule 001

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Routine Podiatry will deny member liability with rule 001

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Plans do not impose the CMS therapy CAP on PT, OT, or ST.

Limit of 36 Cardiac Rehab sessions per year set on LTLT  
(Accumulator# 18)

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ASC approved procedures billed on a 1500 by provider specialty 49 will convert on SPCT to ASCR for reducible procedures and ASCN for non-reducible. If TOS stays at ASC either the procedure is not approved or the provider does not have the 49 specialty meaning he is not approved to bill for the ASC payment rate. TOS ASC will deny provider liability

Application of ASC payment is a manual process

PCA will pend POS 24 to ASCR for review & application of payment

PCA will deny ASC billed on a 1450 to resubmit on a 1500.

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Facets cannot be set to apply appropriate reductions to Endoscopies. Endoscopy procedures will pend to ENDO through PCA. It is a **manual process** to apply reductions to these services

Anesthesia payment is calculated using Facets Anesthesia Normal Rounding

It is a **manual process** to calculate payment on anesthesia codes w/ AD modifier. TOS will be ANIM/ANOM

Facets cannot be set to price Ambulance claims. These claims are set to pend AMB through PCA. It is a **manual process** to price these claims.

Copay will be assessed on transportation charge only not mileage. Copay set to waive through UTSE if billed the same day as inpt R&B service IDs

Rev codes 450-459 on a Hospital claim will assess a copay

POS 23 on a Medical claim will **not** assess a copay as the copy will be taken on the Facility bill

Copay set to waive through UTSE if billed w/in 23 hours of inpt R&B service IDs

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**DCMS** - Capped rental w/ MS mod, **manual pricing** required.

**DCKJ** - Capped rental w/ KJ mod, pays 75% of DME fee schedule or contracted amt. (Reduction taken through DME extension)

**DCNU** - Capped rental w/ NU mod, **manual pricing** required

**OCNT** - Service rule set to 002. It is a **manual process** to review history to determine if the member owns or rents the concentrator. Override the TOS to OXYG if concentrator is owned.

**CMN** - Service rule set to CMN. It is a **manual process** to review attached documentation and/or history for CMN. See additional notes on CMN tab.

Capped rental limits set through clinical editing. Claims will display N30 lifetime limit met when they have exceeded the capped limit.

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NIOL (Q1003): service rule set to deny non-covered provider liability. Alt rule set to prosthetics benefit when billed in the same day as 66982, 66983, 66984, 66985 or 66986. Alt rule condition set on UTSE

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Limit of 1 pair of diabetic shoes per year set on LTLT Accumulator #17)

Limit of 2 pair of inserts per year set on LTLT (Accumulator #27). When limit is reached on the inserts it is a **manual process** to review history to see if member has "off the shelf" or custom shoes. If member has off the shelf shoes override the limit on the inserts to allow a 3rd pair.

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Global & Technical Components of PET Scans are Carrier priced

It is a **manual process** to pay claims for Blood Services

IVIG (G0332) - Rule set to non-covered provider liability. Alt rule set to Part B drug benefit when billed w/ billed w/ J1566 or J1567. Alt rule condition set on UTIP\_PFX MC01

Limit of 1 per month for B-12 injection J3420 set on UTIP\_PFX MC01

**Procedure on Medical claims = G0389**  
**Procedures on Hospital claims = G0389, 76700, 76705, 76770, 76775**

Limit of 1 per lifetime set on LTLT. (Accumulator# 1)

**Procedures:** 76977, 77078-77083 & G0130  
**Preventative DX:** V4981, V5865, V5869, V6751

On SPCT - Diagnostic types of service convert to Preventative types of service w/ Preventative DX codes (Note: 77082 is diagnostic only & will not convert to preventative)

On SRCT - Rev code 320 converts to BONH with above procedures

Preventative Limit of 1 every 24 months set on the UTSE table.

**Lipid Panel = 80061**  
**Cholesterol = 82465**  
**Lipoprotein = 83718**  
**Triglycerides = 84478**

On the SPCT table type of service NCMN/NCMI converts to CVSO/CVSI with DX codes: V81.0, V81.1, V81.2 & above procedures

Limit of 1 every 5 years set on UTSE table

**Flexible Sigmoidoscopy** - G0104 - Limit of 1 every 4 years set on UTIP table

**Colonoscopy** (high risk) - G0105 - Limit of 1 every 24 mo set on UTIP table

**Barium Enema** (alternative to G0104) - G0106 - Limit of 1 every 4 years set on UTIP table

**Fecal Occult Blood Test** - 82270 - Will pay once per year under preventative benefit then pay under diagnostic for remainder of year. Set on UTIP

**Barium Enema** (alternative to G0105) - G0120 - Limit of 1 every 24 mo set on UTIP table

**Colonoscopy** (not high risk) - G0121 - Limit of 1 every 10 years set on UTIP table

**Barium Enema** (non-covered) - G0122

**Fecal Occult Blood Test** (alternative to 82270) - G0328 - Will pay once per year under preventative benefit then pay under diagnostic for remainder of year. Set on UTIP

**Glucose quantitative blood**(except reagent strip) = 82947

**Post-glucose dose** (includes glucose) = 82950

**Tolerance test (GTT)** (includes glucose) = 82951

On SPCT

- NCMN/NCMI converts to DTSO/DTSI with DX V77.1, with Modifier TS, & proc 82947. Limit of 2 per year set on LTLT. (Accumulator #2)
- INDX/INDI converts to DTSO/DTSI with DX V77.1, with Modifier TS, and proc 82950-51. Limit of 2 per year set on LTLT. (Accumulator #2)
- NCMN/NCMI converts to DSTO/DSTI with DX V77.1 & procedure 82947. Limit of 1 per year set on LTLT. (Accumulator #3)
- INDX/INDI converts to DTSO/DTSI with DX V77.1& proc 82950-51. Limit of 1 per year set on LTLT. (Accumulator #3)

**By an optometrist or ophthalmologist** - G0117; Covered DX = V80.1

**Under the direct supervision of an optometrist or ophthalmologist** = G0118; Covered DX = V80.1

On SPCT: INDX/INDI converts to these types of service w/ above procedure & DX codes.

Limit of 1 per year set on LTLT. (Accumulator #4)

High risk groups include beneficiaries with diabetes mellitus, family history of glaucoma, African-Americans age 50 and over, or Hispanic-Americans age 65 and over. System cannot be set to deny if mbr is not in a high risk group. It is a **manual process** to deny claims for members who are not in the high risk group. Warning msg "Verify that pt meets criteria for coverage of glaucoma screening" has been tied to the above procedure codes.

**Counseling; intermediate, > than 3 min up to 10 min** - 99406

**Counseling; intensive, > than 10 min** - 99407

Each smoking cessation attempt (see below codes) includes maximum of 4 intermediate or intensive sessions, up to 8 sessions in a 12-month period. Limit set on LTLT. (Accumulator # 12)

**Flu** = 90655, 90656, 90657, 90658, 90660; DX= V04.81 & V06.6  
Limit of 1 per year set on LTLT (Accumulator #13)

**Administration of Flu** = G0008; DX= V04.81 & V06.6 Limit of 1  
per year set on LTLT (Accumulator #14)

**Hepatitis B** = 90740, 90743, 90744, 90746, 90747; DX = V05.3  
**Administration of Hep B** = G0010, (90471-72 on Hosp); DX =  
V05.3

**Pneumococcal** = 90732, 90669; DX = V03.82 & V06.6; Limit of  
1 per lifetime set on LTLT (Accumulator #15)

**Administration of Pneumococcal** = G0009; DX = V03.82 &  
V06.6; Limit of 1 per lifetime set on LTLT (Accumulator #16)

**Administration of H1N1** = G9141; DX= V04.81 & V06.6 Limit of  
1 per year season on LTLT (Accumulator #28) When claim hits  
limit it is a manual process for processor to review claims history  
to determine if another vaccine is allowed.

**H1N1 Vaccine** = G1942; Set to PCA deny  
On SPCT: INDX/INDI converts to these types of service w/ above  
procedure & DX codes.

**IPPE** = G0344; Limit of 1 per lifetime set on LTLT (Accumulator  
#5)

**EKG for IPPE** = G0366 (replaces 93000); Limit of 1 per lifetime  
set on UTIP table

**EKG Tracing for IPPE** = G0367; Limit of 1 per lifetime set on  
UTIP table

**EKG Interpret & Report** = G0368 (replaces 93010); Limit of 1  
per lifetime set on UTIP table

**Screening & Baseline Proc Codes:** 77052, 77057, G0202  
**Covered DX codes:** V76.11, V76.12

On SPCT: INDX/INDI converts to baseline types of service w/  
above procedure & DX codes & age 0-35. Converts to screening  
types of service with above codes & DX and age 40-999

Screening Limit of 1 per year set on LTLT (encounter unit)  
(Accumulator #6)

Baseline Limit of 1 between 35-39 set on LTLT (encounter unit)  
(Accumulator #7)

**Procedure Codes:** 97802, 97803, 97804, G0270, & G0271

System cannot be set to impose limit. It is a **manual process** to  
impose this limit.

**Screening Pap tests** = G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, P3000, P3001, Q0091;  
**Covered DX** = V76.2, 476.47, V76.49, V15.89, V72.31;

**Screening Pelvic Exam** = G0101;  
**Covered DX** = V76.2, 476.47, V76.49, V15.89, V72.31;

On SPCT: INDX/INDI converts to these types of service w/ above procedure & DX codes.

Limit of 1 screening pap per year set on LTLT (Accumulator #10)  
(Encounter unit)

Limit of 1 Pelvic&Breast exam per year set on LTLT (Accumulator #11)

**Digital Rectal Exam** = G0102;  
**Covered DX** = V76.44

**Prostate Specific Antigen** = G0103  
**Covered DX** = V76.44;

On SPCT: INDX/INDI converts to these types of service w/ above procedure & DX codes.

Limit of 1 DRE per year set on LTLT (Accumulator #8)

Limit of 1 PSA test per year set on LTLT (Accumulator #9)

**Procedure Codes:** 99381-87, 99391-97

Limit of set on LTLT (Accumulator #21)

Routine hearing exam & hearing aid and fitting covered by Avesis for In Network will map to XXHS and are set to deny through service rule CAP. Blue edit X03 - Resubmit to Avesis.

Routine hearing exam & hearing aid and fitting for out of network set to deny as non covered.

On SPCT:

- VSR converts to VSRO w/ post cataract DX codes V43.1, 379.31 and 743.35.

Routine & extended eyewear covered by Avesis will map to XXVS and are set to deny through service rule CAP. Blue edit X03 - Resubmit to Avesis. All other Routine & extended eyewear will be denied as a non-covered service.

Service Rule set to 001 for member liability. Blue edit = X02

RPTO service rule = RPT. Blue edit = Y02  
All other service rules = 000. Blue edit = X01