PEIA PPB Plan
Custom DME & Supplies Policy

Approved and Issued By:

Ted Cheatham, PEIA Director — Date: 9/5/12

William Hoh, PEIA Medical Director — Date: 09-05-2012

Gloria Long Lewis — Date: 9/5/12
PEIA Deputy Director of Insurance Programs & Services

The purchase of certain Customized DME equipment and supplies are available under the PEIA PPB benefit plans. Since these items are customized, there are often no assigned fee allowances or consideration must be given to allow for fittings/adjustments/etc. Therefore, PEIA developed criteria for reimbursement as outlined below.

EFFECTIVE DATE: This policy is effective May 1, 2012.

BENEFIT MAXIMUMS:

The following items are limited to a maximum of 3 per year* per patient.

- Mastectomy Bras
- Stockings for Amputee
- Compression Stockings

*3 per year will mean 3 pair per year when bilateral is required

Payment Allowances: Allowance will be based on the PEIA fee allowances as per the DME fee schedule. For customized DME/Supplies the allowance will be increased by 30% to cover the time and expense of fittings and adjustments.

COVERAGE: Services determined to be medically necessary and which meet guidelines under the PEIA PPB Plans are covered as follows at 80% after the network deductible is met. Out-of-network services are covered at 60% after the out-of-network deductible is met. Purchases of $1,000 or more always require precertification.

BILLING FOR SERVICES: Providers must follow PEIA billing procedures and guidelines for PEIA PPB Plan members. These services are billed on a CMS 1500 claim form.

PROHIBITION OF BALANCE BILLING: The PEIA PPB Plan is governed in part by the Omnibus Health Care Act which was enacted by the West Virginia Legislature in April 1989. This Law requires that any West Virginia health care provider who treats a PEIA PPB Plan participant must accept assignment of benefits and cannot balance bill the participant for any portion of charges over and above the PEIA fee allowance or for any discount amount applied to a provider's charge or payment. This is known as the "prohibition of balance billing."

The prohibition of balance billing applies when services are provided in West Virginia and when the PEIA PPB Plan is the primary payor. When the PPB Plan is the secondary payor, the provider will follow the rules and limitations of the primary payer. When PEIA is the primary payor, the member is always responsible for deductible, copayment, coinsurance amounts, copayments and for non-covered services, unless otherwise covered by another insurer.

> Exception: Members may choose a product/supply that is not specifically included in the PEIA fee schedule. If a member voluntarily purchases a higher cost product/supply, then PEIA will pay the fee allowance for the item as specified in the PEIA fee schedule AND the member must pay the difference for the upgrade to a higher cost product/supply. The "Balance Billing" provision will not apply in this case.
>
> If the member chooses this upgrade, it will be the provider's responsibility to obtain a written agreement from the member. The agreement must specifically state the item purchased and the difference in cost which is billable to the member.
>
> This process will be monitored by PEIA.

WHO TO CALL: Providers with questions regarding benefits or to check the status of a claim should call HealthSmart at 888-440-7342 and choose option 1.