

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: West Virginia

Requirements for Third Party Liability -
Payment of Claims

4.22 Third Party Liability

ATTACHMENT 4.22-B

The threshold amount or guideline used in determining whether to seek reimbursement from a liable third party for a service billed to the program is as follows:

—Inpatient Hospital	\$500.00
—Outpatient Hospital	200.00
—Physician	100.00
—Dentist	100.00
—Laboratory/Radiology	200.00
—Pharmacy	50.00
—Home Health	100.00
—Transportation	100.00
—Vision/Eyeglasses	200.00
—Durable Medical Equipment and Supplies	200.00
—Therapist	200.00

TN No. 87-04
Supersedes
TN No. 82-04

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