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