

## COPAYMENT DESK REFERENCE

Listed below are copayment amounts and exclusions as set forth in 55 Pa.Code § 1101.63(b) and Medical Assistance (MA) Bulletins. Some services require no copayment, some have a fixed copayment and some are on a sliding scale based on the MA fee for each service.

SERVICES WHICH HAVE A FIXED MA COPAYMENT			
MEDICAL ASSISTANCE Other Than General Assistance		GENERAL ASSISTANCE	
DIAGNOSTIC RADIOLOGY	1.00*	DIAGNOSTIC RADIOLOGY	2.00*
NUCLEAR MEDICINE	1.00*	NUCLEAR MEDICINE	2.00*
MEDICAL DIAGNOSTIC TEST	1.00*	MEDICAL DIAGNOSTIC TEST	2.00*
RADIATION THERAPY	1.00*	RADIATION THERAPY	2.00*
PRESCRIPTION AND PRESCRIPTION DRUG REFILLS**	Brand 3.00 Generic 1.00	PRESCRIPTION AND PRESCRIPTION DRUG REFILLS	Brand 3.00 Generic 1.00
INPATIENT HOSPITAL SERVICES: A. General Hospital B. Rehabilitation Hospital C. Private Psychiatric Hospital	3.00 per day up to 21.00 per admission	INPATIENT HOSPITAL SERVICES: A. General Hospital B. Rehabilitation Hospital C. Private Psychiatric Hospital	6.00 per day up to 42.00 per admission
OUTPATIENT PSYCHOTHERAPY SERVICES: INDIVIDUAL 90832 90834 90837 FAMILY 90847 GROUP 90853 COLLATERAL 90846	0.50 per unit	OUTPATIENT PSYCHOTHERAPY SERVICES: INDIVIDUAL 90832 90834 90837 FAMILY 90847 GROUP 90853 COLLATERAL 90846	1.00 per unit
ALL OTHER SERVICES: SLIDING SCALE BASED ON THE MA FEE FOR THE SERVICE			
MEDICAL ASSISTANCE Other than General Assistance		GENERAL ASSISTANCE	
***MA Fee for the Service	Copayment Amount	*** MA Fee for the Service	Copayment Amount
\$2.00-\$10.00	\$0.65	\$2.00-\$10.00	\$1.30
\$10.01-25.00	\$1.30	\$10.01-\$25.00	\$2.60
\$25.01-\$50.00	\$2.55	\$25.01-\$50.00	\$5.10
\$50.01 or more	\$3.80	\$50.01 or more	\$7.60

\* Total or Technical Component

\*\* State Blind Pension recipients copayment for prescription drugs and refills is \$1.00 for brand or generic.

\*\*\* Recipient is obligated to pay a copayment for each unit of service provided.

## LIST OF EXCLUSIONS AND BILLING INFORMATION

### Copayment Exclusions For All Categories of MA:

EXCLUSIONS	SPECIAL BILLING INSTRUCTIONS
Services provided to individuals under 18 years of age	#
Services provided to pregnant women, including throughout the postpartum period	<u>CMS 1500</u> – VC 09 in 24H <u>PES &amp; Internet Prof.</u> – “Y” in pregnancy field <u>ADA Dental</u> – “Pregnancy” in Remarks <u>PES Institutional Inpatient &amp; Outpatient</u> - Condition Code B3 <u>Internet Institutional Inpatient &amp; Outpatient</u> – Pregnancy indicator <u>NCPDP</u> – Pregnancy indicator “2” <u>UB 04</u> – Condition Code B3 <u>PES Dental</u> – VC 09 in Notes <u>Internet Dental</u> – VC 09 in Comments
Services provided to patients in long term care facilities (including ICF/MR and ICF/ORC) and other medical institutions who are required to spend all but a minimal amount of their income on medical costs.	<u>CMS 1500</u> – VC 10 in 24H <u>PES &amp; Internet Prof.</u> – VC 10 in Notes <u>PES &amp; Internet Dental</u> – VC 10 in Notes <u>PES &amp; Internet Institutional Inpatient &amp; Outpatient</u> – “5” in Admit source field <u>NCPDP</u> – Patient Residence, “3” Nursing Home, “9” ICF/MR <u>UB 04</u> – “5” in SRC field <u>ADA Dental</u> – “LTC Resident” in Remarks
Services or items provided to a terminally ill individual who is receiving hospice care	#
Services provided to individuals residing in a personal care home or domiciliary care home.	#
Services provided to women in the Breast and Cervical Cancer Prevention and Treatment (BCCPT) coverage group	# See MA Bulletin No. 99-06-12
Services provided to individuals of any age eligible under Titles IV-B and IV-E Foster Care and Adoption Assistance	# See MA Bulletin No. 99-06-12
Services provided in emergency situations	<u>CMS 1500</u> – EMG “1” in 24C <u>ADA Dental</u> – “Emergency” in Remarks <u>PES &amp; Internet Prof. &amp; Dental</u> – Emergency indicator <u>PES &amp; Internet Institutional Inpatient &amp; Outpatient</u> – Admit type “1” <u>UB 04</u> – Admit type “1” <u>NCPDP</u> – Level of Service “3”
Laboratory services	#
Professional component of diagnostic radiology, nuclear medicine, radiation therapy and medical diagnostic services when billed separately from technical component	#
Family planning services and supplies	Use “FP” modifier
Home Health Agency services	#
Psychiatric Partial Hospitalization services	#
Services furnished by a funeral director	#
Renal dialysis services	#
Blood and blood products	#
Oxygen	#
Ostomy supplies	Refer to MA Program Fee Schedule under Medical and Surgical Supplies – Ostomy Supplies
Rental of Durable Medical Equipment	#
Outpatient services when MA Fee is under \$2.00	#
Medical exams requested by the Department	# Employability Assessment Examinations See MA Bulletin No. 01-10-02, et al
Screenings provided under the EPSDT Program	<u>CMS 1500</u> - VC 03 in 24H <u>PES &amp; Internet Prof.</u> – EPSDT indicator at Detail
More than one of a series of a specific allergy test provided in a 24 hour period	#
Targeted Case Management services	#
Tobacco Cessation Counseling services	#

# - PROMISe™ will automatically exclude from copayments, i.e., will not deduct copayment amount when billed correctly.

### Copayment Exclusions for All Categories of MA Except General Assistance Recipients Age 21 to 65:

Drugs, including immunizations, dispensed by a physician or CRNP	
Specific drugs identified by the Department in the following categories:	
Antihypertensive agents	Antidiabetic agents
Anticonvulsants	Cardiovascular preparations
Antineoplastic agents	HIV/AIDS
Antiglaucoma agents	Antiparkinson drugs
Antipsychotic agents, except those that are also Schedule C-IV antianxiety agents	