

MEDICAL ASSISTANCE PROGRAM 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. These copayments apply to all providers enrolled in the MA Program who render services to beneficiaries enrolled in the MA Fee-for-Service delivery system.

Providers rendering services under the MA managed care delivery system should address any copayment related questions to the appropriate MA managed care organization. An MA managed care organization that chooses to apply copayments may not apply them more stringently than those set forth below.

SERVICES WHICH HAVE A FIXED MA COPAYMENT	
DIAGNOSTIC RADIOLOGY	\$1.00*
NUCLEAR MEDICINE	\$1.00*
MEDICAL DIAGNOSTIC TEST	\$1.00*
RADIATION THERAPY	\$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
OUTPATIENT PSYCHOTHERAPY SERVICES: INDIVIDUAL 90832, 90834, 90837 FAMILY 90847 GROUP 90853 COLLATERAL 90846	\$0.50 per unit
ALL OTHER SERVICES: SLIDING SCALE BASED ON THE MA FEE FOR THE SERVICE	
MA Fee for the Service	Copayment Amount**
\$2.00 - \$10.00	\$0.65
\$10.01 - \$25.00	\$1.30
\$25.01 - \$50.00	\$2.55
\$50.01 or more	\$3.80

* Total or Technical Component

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

