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.

LIST OF EXCLUSIONS AND BILLING INFORMATION

EXCLUSIONS	SPECIAL BILLING INSTRUCTIONS
Services provided to individuals under 18 years of age	#
Services provided to pregnant women, including throughout the postpartum period	CMS 1500 – VC 09 in 24H UB 04 – Condition Code B3 PES & Internet Prof. – "Y" in pregnancy field PES Dental – VC 09 in Notes ADA Dental – "Pregnancy" in Remarks Internet Dental – VC 09 in Comments PES Institutional Inpatient & Outpatient - Condition Code B3 Internet Institutional Inpatient & Outpatient - Pregnancy indicator NCPDP – Pregnancy indicator "2"
Services provided to beneficiaries in long term care facilities (including ICF/ID and ICF/ORC) and other medical institutions who are required to spend all but a minimal amount of their income on medical costs.	CMS 1500 – VC 10 in 24H UB 04 – "5" in SRC field PES & Internet Prof. – VC 10 in Notes ADA Dental – "LTC Resident" in Remarks PES & Internet Institutional Inpatient & Outpatient – "5" in Admit source field NCPDP – Pt. Loc. Code, "3" Nursing Home, "4" LT/Extended. Care, "7" Skilled Care
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 individuals 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	CMS 1500 – EMG "1" in 24C UB 04 – Admit type "1" ADA Dental – "Emergency" in Remarks <u>NCPDP</u> – Level of Service "3" PES & Internet Prof. & Dental – Emergency indicator PES & Internet Institutional Inpatient & Outpatient – Admit type "1"
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	#
Psychiatric Partial Hospitalization services Services furnished by a funeral director	# #
Services furnished by a funeral director	#
Services furnished by a funeral director Renal dialysis 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
Services furnished by a funeral director Renal dialysis services Blood and blood products Oxygen Ostomy supplies Rental of Durable Medical Equipment	# # # # Refer to MA Program Fee Schedule under Medical and Surgical Supplies – Ostomy Supplies #
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
Services furnished by a funeral director Renal dialysis services Blood and blood products Oxygen Ostomy supplies Rental of Durable Medical Equipment Outpatient services when MA Fee is under \$2.00 Screenings provided under the EPSDT Program	# # # # Refer to MA Program Fee Schedule under Medical and Surgical Supplies – Ostomy Supplies # # # # # # # Mathematical Supplies # # # <u>PES & Internet Prof.</u> – EPSDT indicator at Detail
Services furnished by a funeral director Renal dialysis services Blood and blood products Oxygen Ostomy supplies Rental of Durable Medical Equipment Outpatient services when MA Fee is under \$2.00 Screenings provided under the EPSDT Program More than one of a series of a specific allergy test provided in a 24 hour period	# # # # Refer to MA Program Fee Schedule under Medical and Surgical Supplies – Ostomy Supplies # # # <u>CMS 1500</u> - VC 03 in 24H PES & Internet Prof. – EPSDT indicator at Detail #
Services furnished by a funeral director Renal dialysis services Blood and blood products Oxygen Ostomy supplies Rental of Durable Medical Equipment Outpatient services when MA Fee is under \$2.00 Screenings provided under the EPSDT Program More than one of a series of a specific allergy test	# # # # Refer to MA Program Fee Schedule under Medical and Surgical Supplies – Ostomy Supplies # # # # # # <u>PES & Internet Prof.</u> – EPSDT indicator at Detail

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

Drug Copayment Exclusions for MA:

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