

471-000-126 PROCEDURE CODES SUBJECT TO COPAYMENT REQUIREMENTS

The following services and the respective procedure codes are subject to the copayment requirements in 471 NAC 3-008 for Medicaid-eligible adults age 19 or older. Certain Medicaid eligible clients and services are exempt from the copayment requirements. See 471 NAC 3-008 for excluded persons and exempted services. For quick reference, see the copay matrix that follows:

Service	18 & Younger	19 & Older	Pregnant	In Institution/Care Facility
Chiropractic Office Visits	No Copay	\$1 per visit	No Copay	No Copay
Dental Services	No Copay	\$3 per specified service	No Copay	No Copay
Prescribed Drugs (excludes family planning)	No Copay	\$3 per prescription for brands, and \$2 per prescription for generics	No Copay	No Copay
Durable Medical Equipment	No Copay	\$3 per specified equipment, prosthetic, orthotic or supply	No Copay	No Copay
Eyeglasses	No Copay	\$2 per eyeglasses	No Copay	No Copay
Hearing Aids	No Copay	\$3 per hearing aid	No Copay	No Copay
Inpatient Hospital	No Copay	\$15 per admission	No Copay	Copay
Mental Health/Substance Use	No Copay	\$2 per specified service	No Copay	No Copay
Occupational Therapy	No Copay	\$1 per specified service	No Copay	No Copay
Optometric Office Visits	No Copay	\$2 per office visit	No Copay	No Copay
Outpatient Hospital Services	No Copay	\$3 per visit	No Copay	No Copay
Physical Therapy	No Copay	\$1 per specified service	No Copay	No Copay
Physician Office Visits (specialist – non-primary care)	No Copay	\$2 per visit	No Copay	No Copay
Podiatrist Office Visits	No Copay	\$1 per visit	No Copay	No Copay
Speech Therapy	No Copay	\$2 per specified service	No Copay	No Copay

CHIROPRACTIC SERVICES: The amount of copayment is \$1 per visit for the following codes only when the place of service is the chiropractor's office or clinic:

98940	98941	98942
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DENTAL SERVICES: The amount of copayment is \$3 for the following services:

D2710	D2751	D3310	D5110	D5730	D5760
D2720	D2752	D3320	D5120	D5731	D5761
D2721	D2790	D3330	D5130	D5740	D5810
D2722	D2791	D3346	D5140	D5741	D5811
D2740	D2792	D3347	D5211	D5750	D5820
D2750	D2954	D3348	D5212	D5751	D5821

DRUG PRODUCTS: The amount of copayment is \$2 per prescription for generic products and \$3 per prescription for brand-name products. Drug products exempted from the copayment requirements are reflected on the point of sale system during claims processing.

DURABLE MEDICAL EQUIPMENT: The amount of copayment is \$3. See the Durable Medical Equipment, Prosthetics, Orthotics and Supplies Fee Schedule, 471-000-507, for a list of procedure codes for the items that are subject to copayment requirements.

EYEGLASSES: The amount of copayment is \$2 per glasses. Copayment is required for lenses only, frames only, or lenses and frame combination; using the following procedure codes (Codes are also on copayment matrix.):

92340	92341	92342	92352	92353
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HEARING AIDS: The amount of copayment is \$3 per hearing aid for monaural aids and \$6 for binaural aids:

V5030 -	V5080	V5100 -	V5150	V5298
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INPATIENT HOSPITAL: The amount of copayment is \$15 per admission, excluding emergency services and family planning services.

MENTAL HEALTH/SUBSTANCE USE: The amount of copayment is \$2 per service.

90791	90832	90834HF	90839	90847HF	99215
90791GT	90833	90836	90840	90853	99241
90792	90833GT	90837	90846	99213	99243
90792GT	90934	90838	90847	99214	99244

OCCUPATIONAL THERAPY: For the following codes the amount of copayment for non-hospital based therapy is \$1 per service:

97003	97004
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OFFICE VISITS AND CONSULTATIONS: The amount of copayment is \$2. The following codes are subject to copayment only when the place of service is the optometrist's, physician specialist's, and podiatrist's office or clinic:

Office Visits

92002	92014	99203	99211	99214
92004	99201	99204	99212	99215
92012	99202	99205	99213	

Consultations - Office

99241	99242	99243	99244	99245
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Preventive Medicine (Physicians - Use of these codes is limited to annual gynecological exam.)

99385	99386	99387	99395	99396	99397
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OUTPATIENT HOSPITAL SERVICES: For outpatient hospital services, only one copayment of \$3 is collected for each date of service. When the following revenue codes are the ONLY services being billed, **THERE IS NO COPAYMENT:**

027X - Medical/Surgical Supplies	054X - Ambulance
029X - Durable Medical Equipment	061X - MRI
030X - Laboratory	062X - Medical/Surgical Supplies - extension of 27X
031X - Laboratory Pathological	073X - EKG/ECG (electrocardiogram)
032X - Radiology, Diagnostic	074X - EEG (electroencephalogram)
035X - CT Scan	075X - Gastro Intestinal Services
040X - Other Imaging Services	090X-Behavioral Health Treatments/Services
046X - Pulmonary Function	091X-Behavioral Health Treatments/Services - extension of 090X
0471 - Audiology Diagnostic	092X - Other Diagnostic Services
0481 - Cardiac Cath Lab	0995 - Ambulatory Room and Board Services
0482 - Stress Test	

Emergency Room: See 471 NAC 10-010.06D for payment of emergency room services. If services provided in the emergency room do not meet the conditions specified in 471 NAC 10-010.06B, a copayment must be collected from the client for the service.

PHYSICAL THERAPY: For the following codes the amount of copayment for non-hospital based therapy is \$1 per select service.

97001	97002
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PHYSICIAN SERVICES: The amount of the copayment is \$2 per visit. Certain procedure codes are subject to copayment only when the place of service is the specialist physician's office or clinic, including rural health clinics (RHC's) and federally qualified health centers (FQHC's).. See Office Visits and Consultations for codes subject to copay. Excluded are primary care physicians – Family Practice, General Practice, Pediatricians, Internists, and their physician extenders.

PODIATRIC SERVICES: The amount of copayment is \$1 per visit. Certain procedure codes are subject to copayment only when the place of service is the podiatrist's office or clinic. See Office Visits and Consultations for codes subject to copay.

SPEECH THERAPY: For the following code the amount of copayment for non-hospital based therapy is \$2 per service.

92506
