

COPAYMENT SCHEDULE

The Copayment schedule reflects amounts the beneficiary is expected to pay to the provider at the time services are received. The current amounts are effective for dates of service on and after March 15, 2020 per Medicaid bulletin dated March 17, 2020, unless otherwise noted.

**COPAY AMOUNTS FOR PROCEDURE CODES INDICATED WITH ** HAVE BEEN
REMOVED DUE TO THE COVID-19 PANDEMIC
EFFECTIVE FOR DATES OF SERVICE ON AND AFTER MARCH 15, 2020**

| Service | Procedure Code/ Frequency | Amount |
|--|--|--------|
| Physician Office Visits (Physician/Nurse Practitioner) | 90791-90792 90801 | \$3.30 |
| | 92002-92014 | |
| | 99201-99205 ** | |
| | 99212-99215 ** | |
| | 99241-99245 ** | |
| | 99271-99275 ** | |
| Anesthesiologists & Certified Registered Nurse Anesthetists | 92004-92012 | \$3.30 |
| | 99201-99205 ** | |
| | 99212-99215 ** | |
| | 99241-99245 ** 99271-99275 ** | |
| *Durable Medical Equipment and Supplies | Services per day | \$3.40 |
| Optometrist | 92002-92014 | \$3.30 |
| | 99201-99205 ** | |
| | 99212-99215 ** | |
| | 99241-99245 ** | |
| | 99271-99275 ** | |
| Chiropractor | 98940 98941 98942 | \$1.15 |
| | 99201-99205 ** | |
| | 99212-99215 ** 99241-99245 ** 99271-99275 ** | \$1.15 |

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| Service | Procedure Code/ Frequency | Amount |
|--|------------------------------------|---------|
| Home Health | S9127 | \$3.30 |
| | S9128 | |
| | S9129 | |
| | S9131 | |
| | T1021 | |
| | T1028 | |
| | T1030 | |
| | T1031 | |
| Federally Qualified Health Center (FQHC) | T1015 ** 99201-99499 ** | \$3.30 |
| Rural Health Clinic (RHC) | T1015 ** 99201-99499 ** | \$3.30 |
| Ambulatory Surgical Center | Services per day | \$3.30 |
| Dental | Services per day 99201-99499 ** | \$3.40 |
| Pharmacy (The prescription copayment will apply to ages 19 and above only.) | Per prescription/refill | \$3.40 |
| <p>Note: Effective for dates of service on and after July 1, 2015, the copayment will be \$0 for certain medications for the treatment of diabetes, behavioral health disorders and smoking cessation products. Refer to the Pharmacy Co-Payment Waiver Medicaid bulletin dated May 26, 2015.</p> | | |
| Inpatient Hospital | Per admission | \$25.00 |
| Outpatient Hospital (non-emergency) | Per claim 99201-99499 ** | \$3.40 |

***Note:** Durable Medical Equipment that is under a rent to purchase payment plan will have the \$3.40 copayment split evenly among the 10-month rental payment schedule.