

APPLICABLE CO- PAYMENTS

Children under the age of 21, pregnant women, nursing facility residents and hospice care members are exempt from co-payments. There are no co-payments for family planning or emergency services except as defined below. Services may not be denied to anyone based on the inability to pay these co-payments.

Medicaid members who are children under age twenty-one (21), pregnant women, nursing facility residents, or in hospice care are exempt from co-payments. Planning for Healthy Babies (P4HB) participants are also exempt from co-payments.

In addition, there are no co-payments for Medicaid members receiving family planning or emergency services except as described below. Services may not be denied to anyone based on the inability to pay these co-payments.

Service	Additional Exceptions	Co-Pay Amount
Ambulatory Surgical Centers		A \$3 co-payment to be deducted from the surgical procedure code billed. In the case of multiple surgical procedures, only one \$3 amount will be deducted per date of service.
FQHC/RHCs		A \$2 co-payment on all FQHC and RHC.
Outpatient		A \$3 co-payment is required on all non-emergency outpatient hospital visits.
Inpatient	Members who are admitted from an emergency department or following the receipt of urgent care or are transferred from a different hospital, from a skilled nursing facility, or from another health facility are exempted from the inpatient co-payment.	A co-payment of \$12.50 will be imposed on hospital inpatient services.
Emergency Department		A \$3 co-payment will be imposed if the condition is not an emergency medical condition.
Oral Maxiofacial Surgery		A \$2 co-payment will be imposed on all evaluation and management procedure codes (99201-99499) billed by oral surgeons.
Prescription Drugs		Drug Cost / Co-pay Amount Less than \$10.01 / \$.50 \$10.01 - \$25.00 / \$1.00 \$25.01 - \$50.00 / \$2.00 More than \$50.01 / \$3.00