

Member Copayments Matrix

Member Co-Pay Level	Description	Mandatory, Optional or Exempt	CoPay Service(s)	CoPay Amount	Services Identified as:	No Show Fee Eligible <i>(Refer to specified criteria/required plan for application of this member fee).</i>
00	Exempt from CoPays <i>(note - all members will have a copay level; if copay level is not equal to one of the categories below the member will default to 00)</i>	Exempt - No CoPays for any services	None	None	None	No
20	Nominal - Traditional; Excluding 1931 parents with residence counties other than Maricopa and Pima	Optional - Services cannot be denied for failure to pay a CoPay	Pharmacy	\$2.30	Pharmacy Form type; For each NDC Code not indicated as Family Planning.	No
			Office Visits	\$3.40	For a "visit" ; Professional Form type (1500); HCPCS/CPT Codes = 99201 thru 99205; 99213 thru 99215; 99241 thru 99245; 99385 thru 99387; or 99395 thru 99396 w/ any Place of Service; and w/ any Diagnosis not equal to - 640 thru 643.99; 644.2 thru 676.99; V22 thru V24.99; or V27 thru V27.99; OR w/ any Diagnosis not indicated as Family Planning.	
			Outpatient Professional Therapies	\$2.30	If no copay for a "visit" imposed above; For a "visit" ; Professional Form type (1500); HCPCS/CPT Codes = 97001 thru 97535 w/ a Place of Service equal to 11-office; 12-home; 20-urgent care; 22-outpatient; or 72-RHC; w/ any Diagnosis not equal to 640 thru 643.99; 644.2 thru 676.99; V22 thru V24.99; or V27 thru V27.99; OR w/ any Diagnosis not indicated as Family Planning.	

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25	Nominal - Traditional; 1931 parents with residence counties other than Maricopa and Pima	Optional - Services cannot be denied for failure to pay a CoPay	Pharmacy	\$2.30	Pharmacy Form type; For each NDC Code not indicated as Family Planning.	Yes
			Office Visits	\$3.40	For a "visit" ; Professional Form type (1500); HCPCS/CPT Codes = 99201 thru 99205; 99213 thru 99215; 99241 thru 99245; 99385 thru 99387; or 99395 thru 99396 w/ any Place of Service; and w/ any Diagnosis not equal to - 640 thru 643.99; 644.2 thru 676.99; V22 thru V24.99; or V27 thru V27.99; OR w/ any Diagnosis not indicated as Family Planning.	
			Outpatient Professional Therapies	\$2.30	If no copay for a "visit" imposed above; For a "visit" ; Professional Form type (1500); HCPCS/CPT Codes = 97001 thru 97535 w/ a Place of Service equal to 11-office; 12-home; 20-urgent care; 22-outpatient; or 72-RHC; w/ any Diagnosis not equal to 640 thru 643.99; 644.2 thru 676.99; V22 thru V24.99; or V27 thru V27.99; OR w/ any Diagnosis not indicated as Family Planning.	
21	Nominal - HIFA Parents	Optional - Services cannot be denied for failure to pay a CoPay	Pharmacy	\$2.30	Pharmacy Form type; For each NDC Code not indicated as Family Planning.	No

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			Outpatient Professional Therapies	\$2.30	If no copay for a "visit" imposed above; For a "visit" ; Professional Form type (1500); HCPCS/CPT Codes = 97001 thru 97535 w/ a Place of Service equal to 11-office; 12-home; 20-urgent care; 22-outpatient; or 72-RHC; w/ any Diagnosis not equal to 640 thru 643.99; 644.2 thru 676.99; V22 thru V24.99; or V27 thru V27.99; OR w/ any Diagnosis not indicated as Family Planning.	
40	TWG (MED; Non-MED; AHCCCS Care); Residence county Maricopa and Pima	Mandatory - Services may be denied for failure to pay a CoPay	Generic Pharmacy	\$4.00	Pharmacy Form type; For each NDC Code not indicated as Family Planning and w/ Generic Drug Indicator of "Y" or a Generic Available Indicator of "N" .	No
			Brand Pharmacy	\$10.00	Pharmacy Form type; For each NDC Code not indicated as Family Planning and w/ Generic Drug Indicator of "N" or a Generic Available Indicator of "Y" .	

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			Office Visits	\$5.00	For a "visit"; Professional Form type (1500); HCPCS/CPT Codes = 99201 thru 99205; 99213 thru 99215; 99241 thru 99245; 99385 thru 99387; or 99395 thru 99396 w/ any Place of Service; and w/ any Diagnosis not equal to - 640 thru 643.99; 644.2 thru 676.99; V22 thru V24.99; or V27 thru V27.99; OR w/ any Diagnosis not indicated as Family Planning.	
			Non-Emergency Use of the ER	\$30.00	Facility Form type (OP); ER Revenue Code 0450, 0451 or 0459 Billed with an Admit Type of 2 or 3 OR a HCPCS/CPT Code of 99281; w/ any Diagnosis not equal to 640 thru 643.99; 644.2 thru 676.99; V22 thru V24.99; or V27 thru V27.99; OR w/ any Diagnosis not indicated as Family Planning.	
			Non-Emergency Transportation - Taxi	\$2.00	Per "trip"; Professional Form type (1500); HCPCS/CPT Codes = A0100; and w/ any Diagnosis not equal to - 640 thru 643.99; 644.2 thru 676.99; V22 thru V24.99; or V27 thru V27.99; OR w/ any Diagnosis not indicated as Family Planning.	
45	TWG (MED; Non-MED; AHCCCS Care); Residence counties other than Maricopa and Pima	Mandatory - Services may be denied for failure to pay a CoPay	Generic Pharmacy	\$4.00	Pharmacy Form type; For each NDC Code not indicated as Family Planning and w/ Generic Drug Indicator of "Y" or a Generic Available Indicator of "N".	Yes
			Brand Pharmacy	\$10.00	Pharmacy Form type; For each NDC Code not indicated as Family Planning and w/ Generic Drug Indicator of "N" or a Generic Available Indicator of "Y".	

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50	TMA (Transitional Medical Assistance)	Mandatory - Services may be denied for failure to pay a CoPay	Pharmacy	\$2.30	Pharmacy Form type; For each NDC Code not indicated as Family Planning.	No
			Office Visits	\$4.00	For a "visit" ; Professional Form type (1500); HCPCS/CPT Codes = 99201 thru 99205; 99213 thru 99215; 99241 thru 99245; 99385 thru 99387; or 99395 thru 99396 w/ any Place of Service; and w/ any Diagnosis not equal to - 640 thru 643.99; 644.2 thru 676.99; V22 thru V24.99; or V27 thru V27.99; OR w/ any Diagnosis not indicated as Family Planning.	

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			Outpatient Professional Therapies	\$3.00	If no copay for a "visit" imposed above; For a "visit"; Professional Form type (1500); HCPCS/CPT Codes = 97001 thru 97535 w/ a Place of Service equal to 11-office; 12-home; 20-urgent care; 22-outpatient; or 72-RHC; w/ any Diagnosis not equal to 640 thru 643.99; 644.2 thru 676.99; V22 thru V24.99; or V27 thru V27.99; OR w/ any Diagnosis not indicated as Family Planning.	
			Surgeries (In Office; Outpatient non-emergent; ASC's)	\$3.00	If no copay for a "visit" imposed above; For a "visit"; Professional Form type (1500); HCPCS/CPT Codes = 10000 thru 69999 (excluding 36415 and 36416) w/ a Place of Service equal 11-office; w/ any Diagnosis not equal to 640 thru 643.99; 644.2 thru 676.99; V22 thru V24.99; or V27 thru V27.99; OR w/ any Diagnosis not indicated as Family Planning.	
					OR	
					Facility Form type (OP); HCPCS/CPT Codes = 10000 thru 69999 (excluding 36415 and 36416); w/ any Diagnosis not equal to 640 thru 643.99; 644.2 thru 676.99; V22 thru V24.99; or V27 thru V27.99; OR w/ any Diagnosis not indicated as Family Planning.	
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					Provider Type ASC (43); Professional Form type (1500); HCPCS/CPT Codes = 10000 thru 69999 (excluding 36415 and 36416); w/ any Diagnosis not equal to 640 thru 643.99; 644.2 thru 676.99; V22 thru V24.99; or V27 thru V27.99; OR w/ any Diagnosis not indicated as Family Planning.	
	Visit - a visit equals all services received in one day from a single provider, or components of the same service received in one day from multiple providers (i.e. a surgery in an ASC where both the ASC and surgeon provide the same service).	Trip - defined as each occurrence of a base rate.				