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AHCCCS

Our first care is your health care
ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM

PROVIDER NOTIFICATION

DATE: February 14, 2012

TO: AHCCCS Non-Emergency Medical Transport Providers

FROM: Shelli Silver, Assistant Director

SUBJECT: Taxi Copayment Requirements Effective April 1, 2012

The Federal Centers for Medicare and Medicaid Services (CMS) recently approved a $2.00 mandatory copayment for taxi services per one-way trip for certain AHCCCS members residing in urban counties. This memorandum provides general information regarding this copayment requirement that will become effective April 1, 2012. A sample table with copayment information for AHCCCS members accompanies this memo.

AHCCCS members who will have mandatory copayments for taxi services beginning April 1, 2012 are:

- Childless Adults (in the table, the Childless Adult population is designated as member Copay Level of 40):
  - who reside in Maricopa and Pima Counties, and
  - who are aged 19 and older, and
  - who are enrolled in an AHCCCS Health Plan

["Childless Adults" are also referred to as “AHCCCS Care” or the “TWG (Title XIX Waiver Group) Population.”]

Providers impacted by this mandatory copayment include those who provide transportation via a "taxi," which is defined as a vehicle that has been issued a taxi special license plate pursuant to A.R.S. § 28-2515.

Mandatory copayments **permit** providers to **deny** services to members who do not pay the $2.00 copayment. The $2.00 copayment will be charged each time a taxi is called. If a taxi waits for a member, e.g., while the member picks up a prescription, then a $2.00 co-pay *cannot* be charged for the continuation of the one-way trip. Specific members are exempt from copayments, for example, persons determined to be Seriously Mentally Ill (SMI) by the Arizona Department of Health Services (in the table, exempt members are designated as a Member Copay Level of 00). Please be aware that payments to providers will be reduced by the amount of a member’s copayment obligation *regardless of whether or not the provider successfully collects the mandatory copayment.*

AHCCCS’ Managed Care Organizations primarily contract with one transportation brokerage for transportation services. In this case, the brokerage will notify their taxi drivers when an

AHCCCS member approved for taxi services is a Childless Adult who is subject to the $2.00 per one-way copayment. Contractors who do not have an exclusive arrangement with a transportation brokerage will directly provide the notification of a copayment requirement to the transportation provider when scheduling the transportation for the member.

More information regarding this taxi copayment, as well as copayments for other AHCCCS services, can be found at http://www.azahcccs.gov/commercial/providerbilling/copayments.aspx.

Member Copayments Matrix

Member Co-Pay Level	Description	Mandatory, Optional or Exempt	CoPay Service(s)	CoPay Amount	Services Identified as:	No Show Fee Eligible *(Refer to specified criteria/required plan for application of this member fee).*
00	Exempt from CoPays *(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)*	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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			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.	
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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			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.	
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.	
					OR	

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Member Co-Pay Level	Description	Mandatory, Optional or Exempt	CoPay Service(s)	CoPay Amount	Services Identified as:	No Show Fee Eligible *(Refer to specified criteria/required plan for application of this member fee).*
					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.				