DRAFT

CATEGORY	HOW TO IDENTIFY
Mandatory Co-Pays will apply only to TMA eligible recipients age 19 and over.	
<u>CATEGORY</u>	<u>HOW TO IDENTIFY</u>
Visits	Form type 1500
$4.00	HCPCS/CPT Codes - 99201-99205; 99213-99215; 99241-99245; 99385-99387; or 99395-99396 w/ any Place of Service
	W/ Any Diagnosis not equal to - 640-643.99; 644.2 -676.99; V22-V24.99; or V27-V27.99
	or W/Diagnosis Family Planning indicator of "N"
Pharmacy	Form type Pharmacy
$2.30	NDC Codes w/ Family Planning indicator of "N".
Surgeries (In Office; Outpatient non-emergent; ASC's)	Form type 1500
$3.00	HCPCS/CPT Codes - 10000-69999 (excluding 36415 and 36416) w/ Place of Service equal 11-office
	W/ Any Diagnosis not equal to - 640-643.99; 644.2 -676.99; V22-V24.99; or V27-V27.99
	or W/Diagnosis Family Planning indicator of "N"
	OR
	Form type OP
	HCPCS/CPT Codes - 10000-69999 (excluding 36415 and 36416) w/ admit type 2 or 3
	W/ Any Diagnosis not equal to - 640-643.99; 644.2 -676.99; V22-V24.99; or V27-V27.99
	or W/Diagnosis Family Planning indicator of "N"
	OR
	Form type 1500
	HCPCS/CPT Codes - 10000-69999 (excluding 36415 and 36416) w/ Provider Type of 43 - ASC
	W/ Any Diagnosis not equal to - 640-643.99; 644.2 -676.99; V22-V24.99; or V27-V27.99
	or W/Diagnosis Family Planning indicator of "N"
Outpatient Professional Therapies	Form type 1500
$3.00	HCPCS/CPT Codes - 97001-97535 w/ Place of Service equal 11-office; 12-home; 20-urgent care; 22-outpatient; or 72-RHC
	W/ Any Diagnosis not equal to - 640-643.99; 644.2 -676.99; V22-V24.99; or V27-V27.99
	or W/Diagnosis Family Planning indicator of "N"