Medicare Supplement (Medigap) Plan N Copays Explained

Plan N: $20 Office Visit Copays

Under Medicare Supplement (Medigap) **Plan N**, the **up to $20 office visit copay** applies only to specific Current Procedural Terminology (CPT) codes that CMS defines as office visits (or certain specialty office visit equivalents). It does **not** apply to lab work, X-rays, DME, physical therapy, or other services billed under different CPT codes.

Table1: Most Frequently Used Office Visit CPT Codes Charging $20 Copays

CPT Code	Description	Subject to Plan N Up to $20 Copay
99202	Office or other outpatient visit for the evaluation and management of a new patient (straightforward Medical Decision Making [MDM] or appropriate total time)	Yes
99203	Office or other outpatient visit for a **new patient** (low MDM or appropriate total time)	Yes
99204	Office or other outpatient visit for a **new patient** (moderate MDM or appropriate total time)	Yes
99205	Office or other outpatient visit for a **new patient** (high MDM or appropriate total time)	Yes
99211	Office or other outpatient visit for the evaluation and management of an **established patient** that may not require the presence of a physician or qualified health care professional	Yes
99212	Office or other outpatient visit for an **established patient** (straightforward MDM or appropriate total time)	Yes
99213	Office or other outpatient visit for an **established patient** (low MDM or appropriate total time)	Yes
99214	Office or other outpatient visit for an **established patient** (moderate MDM or appropriate total time)	Yes

CPT Code	Description	Subject to Plan N Up to $20 Copay
99215	Office or other outpatient visit for an **established patient** (high MDM or appropriate total time)	Yes
92002	Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; intermediate, new patient	Yes
92004	Ophthalmological services: comprehensive, new patient	Yes
92012	Ophthalmological services: intermediate, established patient	Yes
92014	Ophthalmological services: comprehensive, established patient	Yes
90805*	Psychotherapy with medical evaluation and management	Yes*

* **CPT 90805 is obsolete.** It was deleted in 2013, but it appears in CMS's original Plan N guidance because that guidance has never been updated. Current psychotherapy E/M coding uses different CPT codes, and CMS has not issued revised Plan N guidance specifically replacing 90805.

Important notes

CPT 99201 was included in the original CMS Plan N guidance but was **deleted effective January 1, 2021**, so it is no longer billable.

The copay is **up to $20**. If the normal Medicare Part B 20% coinsurance for the office visit is **less than $20**, you pay the lower amount.

The copay applies **only to the office visit CPT code**, not to additional services performed during the same visit (such as lab tests, imaging, injections, or DME).

So, under current Medicare billing, the active CPT codes that commonly trigger the Plan N office visit copay are listed in the table above (except for 90805).

Plan N: $50 Emergency Room (ER) Copay

For Medigap Plan N, the **Emergency Room (ER) copay is up to $50 per ER visit**, but **only if you are not admitted as an inpatient**. If you are admitted to the hospital from the ER and the stay is covered under Medicare Part A, the ER copay is waived.

ER CPT Codes Associated with the Plan N ER Copay

The physician-professional services in the emergency department are typically billed with:

CPT Code	Description
99281	Emergency department visit, straightforward/minor problem
99282	Emergency department visit, low severity
99283	Emergency department visit, moderate severity
99284	Emergency department visit, high severity requiring urgent evaluation
99285	Emergency department visit, highest severity, potentially life-threatening

CMS guidance states that the Plan N ER copay applies to the total Medicare Part B coinsurance liability for the ER visit, including both the facility and physician components. You are not charged both a $20 office-visit copay and a $50 ER copay for the same ER visit. The maximum applicable copay is the ER copay (up to $50).

Examples

- ER visit for a cut, sprain, or illness → discharged home → **up to $50 copay**.
- ER visit for chest pain → admitted to the hospital as an inpatient → **$0 ER copay** under Plan N.

Also note that the copay is "**up to**" **$50**. If your Medicare Part B coinsurance responsibility for the ER visit is less than $50, you pay the lower amount.