



CO-PAYMENT GUIDELINES

Co-payment fees are a set dollar amount and are based on the average Medicaid allowed amount for the provider type.

A provider cannot deny services to a Medicaid member due to the member's inability to pay the co-payment at the time services are provided. If a provider has a policy on collecting delinquent payment from non-Medicaid members, that same policy may be used for Medicaid members whose co-payment is delinquent.

CO-PAYMENTS	
Provider Type	Amount
Audiology	\$2.00 per hearing test
Chiropractic	\$1.00 per spinal manipulation
Dental	\$2.00 per exam
Federally Qualified Health Center (Community Health Center)	\$3.00 per visit
Hearing aid	\$3.00 per dispensing
Hospital (inpatient)	\$75.00 per admission
Office visit	\$2.00 per visit
Psychological service	\$2.00 per visit
Non-emergent use of emergency room (<u>for date of service through December 31, 2016</u>)	\$3.00 per occurrence
Occupational therapy (includes Home Health)	\$2.00 per visit
Optometric	\$2.00 per exam
Physical therapy (outpatient) (includes Home Health)	\$2.00 per visit
Podiatry	\$3.00 per visit
Prescription drugs (Brand Names only)	\$3.00 per prescription fill
Rural Health Clinic	\$3.00 per visit
Speech therapy (includes Home Health)	\$1.00 per visit

Exemptions from copayments apply if the member receiving the service is:

- Under age 21
- Pregnant
- Receiving Medicaid through the Women's Way treatment program
- An Indian who receives, or is eligible to receive, services from Indian Health Services (IHS) or through referral by Contract Health Services (CHS)
- Inmate receiving Medicaid covered inpatient hospital services
- Terminally ill and receiving hospice care
- Residing in institutions such as:
 - Nursing Facility, long term care
 - Swing bed, long term care
 - Intermediate Care Facility for the Intellectually Disabled (ICF/ID)
 - State Hospital

Family planning and emergency services are also exempt from copayments.

NOTE: Dual Eligible Medicare recipients are subject to Medicaid co-payments.