

3-008 Copayments

3-008.01 Copayment Schedule: The Department has established the following schedule of copayments for Medicaid services.

<u>Service</u>	<u>Amount of copayment</u>
Chiropractic Office Visits .....	\$1 per visit
Dental Services.....	\$3 per specified service
Durable Medical Equipment .....	\$3 per specified service
Drugs (except birth control)	
Generic drugs .....	\$2 copay
Brand name drugs.....	\$3 copay
Eyeglasses .....	\$2 per frames, lens, or frames with lens
Hearing Aids .....	\$3 per hearing aid
Inpatient Hospital .....	\$15 per admission
Mental Health/Substance Abuse Visits.....	\$2 per specified service
Occupational Therapy (non-hospital based).....	\$1 per specified service
Optometric Office Visits.....	\$2 per visit
Outpatient Hospital Services .....	\$3 per visit
Physical Therapy (non-hospital based) .....	\$1 per specified service
Physicians (M.D.'s and D.O.'s) Office Visits .....	\$2 per visit
(Excluding Primary Care Physicians Family Practice, General Practice, Pediatricians, Internists, and physician extenders {including physician assistants, nurse practitioners, and nurse midwives} who provide primary care services)	
Podiatrists Office Visits .....	\$1 per visit
Speech Therapy (non-hospital based) .....	\$2 per specified service

Note: See 471-000-126 for a list of procedure codes for the services that are subject to copayment requirements. Drug products exempted from the copayment requirements are indicated on the Department's Drug Name/License Number Listing microfiche.

3-008.01A Excluded Services: The following services are excluded from the above copayment requirement by federal regulations:

1. Emergency services provided to treat an emergency medical condition in a hospital, clinic, office or other facility that is equipped to provide the required care. An emergency condition is defined as a medical or behavioral condition, the onset of which is sudden, that manifests itself by symptoms of sufficient severity, including but not limited to, severe pain, that a prudent lay person possessing an average knowledge of medicine and health could reasonably expect the absence of immediate medical attention to result in (a) placing the health of the person (or with respect to a pregnant woman, the health of the woman and her unborn child) afflicted with such condition in serious jeopardy or, in the case of a behavioral condition, placing the health of such persons or others in serious jeopardy, (b) serious impairment to such person's bodily functions, (c) serious impairment of any bodily organ or part of such person, or (d) serious disfigurement of such person.
2. Family planning services, supplies, and drugs (such as contraceptive pills, creams, lotions etc.) provided to individuals of child-bearing age; and
3. ~~Services provided by a health maintenance organization (HMO) to individuals enrolled in the HMO.~~

4. Individuals who are receiving waiver services, provided under a 1915(c) waiver, such as the Community-Based Waiver for Adults with Mental Retardation or Related Conditions; the Home and Community-Based Waiver for Children with Mental Retardation and Their Families; the Home and Community-Based Waiver for Aged Persons or Adults or Children with Disabilities or the Early Intervention Waiver;
5. Individuals with excess income (over the course of the excess income cycle, both before and after the obligation is met); and
6. Individuals who receive assistance under the State Disability Program (SDP).

~~3-008.02C Nebraska Medicaid Managed Care Program: For clients enrolled in the Nebraska Medicaid Managed Care Program's Health Maintenance Organizations (HMO's) or Primary Care Case Management (PCCM) Network plans, copayment is required only for prescription drugs.~~

~~Clients participating in only managed care for mental health and substance abuse services are subject to copayment.~~

3-008.03 Client Rights and Responsibilities: Clients listed in 471 NAC 3-008.02 as covered persons are required to pay the provider the applicable copayment amounts as specified in 471 NAC 3-008.

If a client believes that a provider has charged the client incorrectly, the client must continue to pay the copayments charged by that provider until the Department determines whether the copayment amounts are correct.

~~If the client is unable to pay the required copayment, the client may inform the provider of the inability to pay. While the provider shall not refuse to provide services to the client in this situation, the client is still liable for the copayment and the provider may attempt to collect it from the client.~~

The client has the right to appeal under 465 NAC 2-001.02.