
WISCONSIN MEDICAID UPDATE

NOVEMBER 12, 1997

UPDATE 97-36

TO:
All Providers
HMOs and Other Managed Care
Programs

Medicaid Copayments - Effective January 1, 1998

Medicaid copayments increase January 1, 1998

Provisions of 1997 Wisconsin Act 27, the biennial budget, revised Medicaid copayments effective January 1, 1998. Please note that copayments have been added for ambulatory surgery services. The budget requires Wisconsin Medicaid to raise copayments to the maximum amounts allowed under federal law.

Attached are the new copayment amounts. Feel free to share the chart with recipients. Current recipients will be sent a copy of the copayment chart.

All providers who perform services that require recipient copayment must make a reasonable attempt to collect that payment from the recipient. Providers shall not, at their discretion, waive the recipient copayment requirement unless the provider determines that the cost of collecting the payment, coinsurance, or deductible exceeds the amount to be collected. Providers may not deny services to a recipient for failing to make a copayment.

Wisconsin Medicaid automatically deducts copayment amounts from Medicaid payments. Do not reduce the billed amount of the claim by the amount of the recipient copayment.

The attached chart also summarizes the services and individuals exempt from copayment, including recipients in managed care receiving managed care services.

POH 1580

Wisconsin Medicaid Recipient Copayment Amounts

When you go to Medicaid services...

Medicaid recipients are responsible for paying all copayments but a provider cannot deny a recipient services if they cannot pay them right away. Recipients need to tell their providers if they cannot pay the copayment. [Social Security Act 1916(d); Reg. 447.15]

pay your share.

Providers will ask you for more than one copayment if you get more than one service at an appointment. For example:

- Your doctor will ask for copayment for the office visit and each lab test he or she does.
- Your pharmacist will ask for copayment for each prescription he or she fills.

Physician and nurse practitioner services

- Each office visit, hospital admission, or consultation **\$1.00 to \$3.00**
 - Each surgery **\$3.00**
 - Each lab service **\$1.00**
 - Each x-ray service **\$3.00**
 - Each diagnostic service **\$2.00**
- Copayment is limited to \$30 per year per provider.*

Ambulatory surgery

- Each surgery service **\$3.00**

Chiropractic services

- Urinalysis **\$1.00**
- X-ray **\$3.00**
- Office visits **\$1.00**
- Manipulation **\$1.00**

Dental services

- Each service costing:
- Up to \$10.00 **\$0.50**
 - From \$10.01 to \$25.00 **\$1.00**
 - From \$25.01 to \$50.00 **\$2.00**
 - Over \$50.00 **\$3.00**

Disposable medical supplies

- Each item costing:
- Up to \$10.00 **\$0.50**
 - From \$10.01 to \$25.00 **\$1.00**
 - From \$25.01 to \$50.00 **\$2.00**
 - Over \$50.00 **\$3.00**
- Urine or blood test strips **\$0.50**

Durable medical equipment purchase

- Each item costing:
- Up to \$10.00 **\$0.50**
 - From \$10.01 to \$25.00 **\$1.00**
 - From \$25.01 to \$50.00 **\$2.00**
 - Over \$50.00 **\$3.00**

Drugs

- Each item costing:
- Over-the-counter drugs, each prescription (no monthly limit) **\$0.50**
 - All other prescription drugs, each new and refilled prescription **\$1.00**
- No more than \$5.00 per month at each pharmacy.*

Hearing services

- Audiology testing **\$1.00**
- Each purchased item **\$3.00**
- Each accessory or repair **\$1.00**

Hospital services

- Inpatient (each day) **\$3.00**
 - Outpatient, except emergency treatment (per visit) **\$3.00**
- Inpatient copayment is limited to \$75.00 per stay.*

Wisconsin Medicaid Recipient Copayment Amounts

HealthCheck services

- Children under age 18 **none**
- Recipients age 18 to 20 **\$1.00**

Mental health/alcohol and other drug abuse therapy (includes individual and group therapy, and psychiatric evaluation)

- Each service costing:
- Up to \$10.00 **\$0.50**
 - From \$10.01 to \$25.00 **\$1.00**
 - From \$25.01 to \$50.00 **\$2.00**
 - Over \$50.00 **\$3.00**

Mental health services, AODA, and biofeedback copayment is limited to the first 15 hours or \$500 of services per calendar year.

Physical therapy, occupational therapy, and speech-language pathology services (not provided in a hospital or school)

- Each service costing:
- Up to \$10.00 **\$0.50**
 - From \$10.01 to \$25.00 **\$1.00**
 - From \$25.01 to \$50.00 **\$2.00**
 - Over \$50.00 **\$3.00**

Copayment is limited to the first 30 hours or \$1,500 of services per therapy, per calendar year.

Podiatry services

- Office visit **\$1.00 to \$3.00**
- Each surgery **\$3.00**
- Each lab service **\$1.00**
- Each x-ray service **\$3.00**
- Surgery/mycotic condition treatment **\$3.00**
- Routine foot care **\$1.00**
- Casting and strapping **\$1.00 to \$3.00**

Rural health clinics

- Each visit **\$2.00**
- Copayment limited to \$30.00 per year.*

Transportation

- Each nonemergency ambulance trip **\$2.00**

Vision care

- Optometric services:
 - Each office visit **\$1.00 to \$3.00**
 - Each special and low vision service, test, therapy **\$0.50**
 - Each contact lens service **\$3.00**
- Eyeglasses:
 - New **\$3.00/pair**
 - Frame, lens, or temple replacement **\$2.00/each**
 - Each repair **\$0.50**

COPAYMENT LIMITATIONS...

These Medicaid services DO NOT require copayment:

- Emergency services.
- Family planning services and supplies.
- Pregnancy-related medical services.
- School-based services.

These people DO NOT pay copayment:

- Children under 18 years old.
- People in nursing homes.
- People in HMOs and other managed care programs getting HMO-covered or managed care-covered services.