

ALABAMA MEDICAID AGENCY
ADMINISTRATIVE CODE

CHAPTER 560-X-1
GENERAL

560-X-1-.25 Copayment (Cost-Sharing).

(1) Medicaid recipients are required to pay the designated copayment amount for the following services (including Medicare crossovers):

- (a) Physician office visits (including optometric)
- (b) Inpatient hospital admissions
- (c) Outpatient hospital visits
- (d) Rural health clinic visits
- (e) Durable medical equipment
- (f) Medical supplies
- (g) Pharmaceutical

(2) The copayment amount does not apply to services provided for the following:

- (a) Pregnancy
- (b) Recipients under 18 years of age
- (c) Family planning
- (d) Emergencies
- (e) Nursing Home Residents
- (f) Native Americans

(3) In addition to the exemptions in (2) above, each service has other specific exemptions. Please refer to the appropriate chapter for a complete list of the exemptions.

(4) A provider may not deny services to any eligible individual due to the individual's inability to pay the cost-sharing amount imposed.

Author: Kathy Hall, Deputy Commissioner, Program Administration

Statutory Authority: State Plan, Attachment 4.18-A; Title XIX, Social Security Act; 42 C.F.R. §§447.15, 447.50, 447.55.

History: Rule effective June 8, 1985. **Amended:** Filed January 19, 2011; effective February 23, 2011. **Amended:** Filed September 11, 2013; effective October 16, 2013.