Effective 1-1-19, the Department for Medicaid Services will require MCOs to apply copayments to Kentucky Medicaid recipients who are eligible for cost sharing. This policy has been communicated to all Kentucky Medicaid recipients.

This document is meant for providers who assist Medicaid recipients in understanding which services require a copayment. This document is subject to change and will be updated, periodically, to align with policy changes and coding guidelines.

**Member Copay and Coinsurance Deduction –**

The following section outlines the application and deduction of copays:

1. Copay is only applied to, and deducted from, claims submitted for members with a copay indicator of "Y" for the claim date of service. A member's copay indicator may be viewed via the "Copay Details" panel (Member/information/Copay Details).

2. Copay is **not** deducted when maximum **'cost share'** levels are met (5%). The cost share levels are calculated on a quarterly basis and the calculation is based on the date the claim is processed, not the date of service.

3. Copay is **not** deducted from Medicare/Medicaid crossover claims (claim type A, B, C).

4. Copay is **not** deducted from claims submitted by the following provider types – ICF/IID (provider type 11), Nursing Facility (provider type 12), Preventive Services (provider type 20), School-Based (provider type 21), Commission for Handicapped Children (provider type 22), First Steps (provider type 24), Residential Crisis Stabilization Unit (provider type 26) Home Health (provider type 34), EPSDT Special Services (provider type 45), Home Delivered Meals (provider type 48) or Waiver (provider types 17, 33, 42, 43).

5. Copay is **not** applied to any claim that includes any of the following pregnancy-related diagnosis codes in any of the diagnosis code fields (for example, 1st diagnosis, 2nd diagnosis, 3rd diagnosis, admitting diagnosis, etc.):
O000 – O029, O0900 – O219, O2300 – O2693, O29011 – O30019, O30031 – O356XX9, O358XX0 – O368199, O368910 – O82, O8611, O8613 – O8629, O8882 – O899, O902, O904 – O909, O98011 – O9A53, Z331, Z3400 – Z3493, Z36, Z370 – Z379, Z3800 – Z388, Z390 – Z392.

6. Copay is deducted only once per date of service (based on detail begin date) for each member/provider combination. In other words, if a member receives more than one copay-applicable service on a particular date from the same provider, only one copay will be deducted for that date of service. If a member receives copay-applicable services from two different providers on the same date, copay will be deducted from both claims.

7. The billing provider is used when the billing provider type is 31 or 35. In all other cases on professional claims, the rendering provider is used.

Following is a list of the benefit/service categories for which copay is deducted.

- Acute Care Inpatient Hospital (Copay = $50.00) – Applies to Claim Type I/Provider Type 01 (Acute Hospital) and Claim Type I/Provider Type 93 (Rehab DPU).

  Note - Copay will only be deducted **once per admission** for Inpatient Hospital Services.

- Mental Health/Substance Abuse Inpatient (Copay = $50.00) – Applies to Claim Type I/Provider Type 02 (Psych Hospital) and Claim Type I/Provider Type 92 (Psych DPU).

  Note - Copay will only be deducted **once per admission** for Mental Health/Inpatient Hospital Services.

- Laboratory, Diagnostic and Radiology Services (Copay = $3.00) – The Laboratory, Diagnostic, and X-Ray copay applies to the procedure/revenue codes listed below for all provider types **except** Inpatient and Outpatient Hospital (provider type 01), Ambulatory Surgery Center (provider type 36), Optician (provider type 52), Optometrist (provider type 77), Podiatrist (provider type 80), Chiropractor (provider type 85), and the excluded claim/provider types listed at the beginning of the Copay section on the previous page.

  **Revenue codes** – 0320, 0321, 0322, 0323, 0324, 0329, 0350, 0351, 0352, 0359, 0400, 0401, 0402, 0403, 0404, 0409, 0610, 0611, 0612, 0614, 0615, 0616, 0618, 0619, 0730, 0731, 0732, 0739, 0750, 0790, 0920, 0921, 0922, and 0929
  **Procedure codes/ranges** – 36415, 36416, 80048 thru 87999, 89049 thru 89356, 70010 thru 79999, 29800, 29805, 29830, 29840, 29860, 29870, 29900, 29999, 31231 thru 31235, 31505 thru 31529, 31575 thru 31579, 31615 thru 31656, 37500 thru 37501, 38570 thru 38589, 39400, 43200, 43234 thru 43235, 43260, 43289, 43659, 44238, 44360, 44376, 44380, 44385, 44388, 45300, 45330, 45355 thru 45378, 45499, 46600 thru 46604, 47552, 49320, 49329, 52351, 56820, 57420, 57452, 58555, 91000 thru 91299, 92502, 92504, 92511, 92512, 92516, 92520, 92531, 92532, 92533, 92534, 92541 thru 92548, 93000 thru 93503, 93510 thru 93562, 93600 thru 93662, 93701 thru 93790, 93875 thru 93990, 94621, 95250 thru 95251, 95800 thru 95811, 95812 thru 95979, G0104 thru G0106, G0130, G0202 thru G0206.

  Note – Claim Lines with a modifier of 26 (professional component) are **excluded** from the Laboratory, Diagnostic, and X-Ray Copay

  Note – Some lab, diagnostic and x-ray procedures pay zero on Primary Care and Rural Health claims (provider types 31, 35) due to the payment of a per diem rate. For these provider types the lab/diagnostic/x-ray copay will be deducted from the line that reflects the per diem allowed amount. If no per diem rate is paid resulting in a zero-paid claim, no copay will be deducted since that would result in a negative paid amount.

  Note - The Lab, Diagnostic, and Radiology Services Copay is **not** deducted from Physician and Nurse Practitioner procedure codes submitted with modifier 33 (Preventive Service).

- Outpatient Hospital/Ambulatory Surgery Centers (Copay = $4.00) – Applies to Claim Type O/Provider Type 01 and Claim Type M/Provider Type 36 only for all procedure/revenue codes with the exception of PT 01 claims that include a revenue code 450 or 456 (See ER/Non-Emergency Uses Copay).

- Physician Office Services (Copay = $3.00) – Applies to professional claims (claim type M) submitted by provider types 31 (Primary Care Centers), 35 (Rural Health Centers), 64/65 (Physician), and 78 (Nurse Practitioners). This applies to professional claims (claim type M) submitted by provider type 30 (Community Mental Health Centers) when billed with modifier AF, AM, SA, U1 or U3. Only applies to the following procedure codes and only if submitted in conjunction with place of service code 11 (office), 53 (Community Mental Health Center) or 72 (Rural Health Center):

  99201 thru 99215*
  99241 thru 99245*
  99354 thru 99355*
  99450
  99477
  99499

  Note, for provider type 30 the following diagnosis criteria does not apply to procedure codes 99213, 99354 thru 99355.

  *Copay is NOT deducted if one of the following diagnosis codes is indicated for the procedure code (based on diagnosis indicator):

  H10021 – H10022, H10029, H10401 – H1045, H1089 – H109, J300 – J310, J674, L2083, L2089 – L209, L236, L239, L246, L249, L254, L259, L272 – L279, L300, L302, L308 – L309, L500 – L501, L503 – L509, L563, L981, Z0000 – Z0001, Z01411 – Z0142, Z120 – Z129, Z13220, Z13820, Z23, Z79890, Z91011 – Z9109

  Note – If a claim has both a Physician Office Service and Lab/Diagnostic/X-ray for the same date of service, the Lab/Diagnostic/X-Ray copay will be deducted and the Physician Office Services copay will not be applied.

  Note – Physicians (PT 64/65) with a specialty of 330 (Ophthalmologist) are excluded from this copay (see Adult Vision Copay).

- Dental Services (Copay = $3.00) – Applies to Claim Type D/Provider Type 60, 61 – All procedure codes.

- Occupational Therapy (Copay = $3.00) – Applies to all services submitted by Occupational Therapists (provider type 88) on professional claims (claim type M).

  Also applies to all claim type/provider type combinations for the procedure/revenue codes listed below with the exception of Inpatient and Outpatient Hospital (provider type 01), Ambulatory Surgery Center (provider type 36), Optician (provider type 52), Optometrist (provider type 77), Podiatrist (provider type 80), Chiropractor (Provider Type 85), and the excluded claim/provider types listed at the beginning of this section.

  Procedure Codes - 97003, 97004, 97127, 97165, 97166, 97167, 97168, 97530, 97532, 97533, 97535, 97537, 97542, S9129
  Procedure codes 97165 – 97168
  Procedure code 97127
  Revenue Codes – 0430, 0431, 0432, 0433, 0434, 0439, 0978

- Physical Therapy (Copay = $3.00) – Applies to all services submitted by Physical Therapists (provider type 87) on professional claims (claim type M).

  Also applies to all claim type/provider type combinations for the procedure/revenue codes listed below with the exception of Inpatient and Outpatient Hospital (provider type 01), Ambulatory Surgery Center (provider type 36), Podiatrist (provider type 80), Chiropractor (Provider Type 85), and the excluded claim/provider types listed at the beginning of this section.

  Procedure Codes – 97001, 97002, 97005, 97006, 97010, 97012, 97014, 97016, 97018, 97022, 97024, 97026, 97028, 97032, 97033, 97034, 97035, 97036, 97039, 97110, 97112, 97113, 97116, 97124, 97139, 97140, 97150, 97161, 97162, 97163, 97164, 97169, 97170, 97171, 97172, 97530, 97597, 97598, 97601, 97602, 97605, 97606, 97750, 97799, G0281, G2083, S9131
  Procedure codes 97161 – 97164 and 97169 - 97172
  Procedure code 97127
  Revenue Codes – 0420, 0421, 0422, 0423, 0424, 0429, 0941, 0951, 0952, 0977

  Note - Physical Therapy Copay is **not** deducted from Community Mental Health, Physician and Nurse Practitioner procedure codes submitted with modifier 33 (Preventive Service).

- Speech Therapy (Copay = $3.00) – Applies to all services submitted by Speech Language Pathologists (provider type 79) on professional claims (claim type M).

  Also applies to all claim type/provider type combinations for the procedure/revenue codes listed below with the exception of Inpatient and Outpatient Hospital (provider type 01), Ambulatory Surgery Center (provider type 36), Podiatrist (provider type 80), Chiropractor (Provider Type 85), and the excluded claim/provider types listed at the beginning of this section
  Procedure Codes – 92506, 92507, 92508, 92526, 92597, 92607, 92608, 92609, 97127, S9128
  Procedure code 97127
  Revenue Codes – 0440, 0441, 0442, 0443, 0444, 0449, 0979

- Chiropractic Services (Copay = $3.00) – Applies to all services submitted by Chiropractors (provider type 85) on professional claims (claim type M).

- Emergency Room/Non-emergency Uses (Copay = $8.00) – Applies to Outpatient Hospital claims (claim type O/provider type 01) with revenue code 450 - 459 and procedure code 99281.

- Podiatry Services (Copay = $3.00) – Applies to all services submitted by Podiatrists (provider type 80) on professional claims (claim type M).

- DME Supplier/Prosthetic Devices (Copay = $4.00) – Applies to all services submitted by DME Suppliers (provider type 90) on professional claims (claim type M) except those listed below.

  A4281 – A4286 and E0602 – E0604 are excluded from the DME copay because they are considered ‘preventive’ services.

- Mental Health/Substance Abuse Outpatient (Copay = $3.00) – Applies to the following procedure codes submitted by Community Mental Health Centers (provider type 30) on professional claims (claim type M): 90785, 90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90845, 90846, 90847, 90853, 90863, 90865, 90870, 90875, 90876, 90887, 90889, 96101, 96102, 96105, 96110, 96111, 96116, 96118, 96119, 96120, 96125, 96150, 96151, 96152, 96153, 99201, 99213, 99354, 99355, 99408, 99409, H0001, H0002, H0006, H0012, H0015, H0018, H0019, H0024, H0025, H0031, H0032, H0035, H0036, H0038, H0040, H0046, H0047, H0049, H2012, H2015, H2019, H2021, H0027, S9484, and T1007. Procedure code T2023 is exempt from copay. Copay for procedure codes submitted by Community Mental Health Centers (provider type 30) on professional claims and considered "primary care" services will apply based on the same criteria used for Physicians (provider type 64).

  Also applies to professional claims (claim type M) submitted by provider types 03 (BHSO), 31 (Primary Care Center), 35 (Rural Health Center), 62 (LPAT), 63 (LBA), 64/65 (Physician), 66 (Behavioral Health Multi-specialty Group), 78 (Nurse Practitioner), 81 (Licensed Professional Clinical Counselor), 82 (Clinical Social Worker), 83 (Licensed Marriage and Family Therapist), 84 (Licensed Psychological Practitioner), and 89 (Psychologist) for the procedure codes listed below.
  Procedure Codes – 90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90845, 90846, 90847, 90849, 90853, 90875, 90876, 90899, 96101, 96102, 96103, 96105, 96110, 96111, 96116, 96118, 96119, 96120, 96125, 96150, 96151, 99213, 99214, 99215, 99354, 99355, 99408, 99409, H0001, H0002, H0015, H0020, H0035*, H0038, H0040, H0046, H0049, H0050, H2010, H2012, H2014, H2019, H2021 H2027, S9480, T1007

  *Note – the MH/SU copay for procedure code H0035 is $4.00 rather than $3.00

- Adult Vision Services (Copay = $3.00) – Applies to all services submitted by Opticians and Optometrists (provider types 52 and 77) on professional claims (claim type M).

  Also applies to the following procedure codes if submitted by a physician (provider type 64/65) with a specialty of 330 (Ophthalmology).

**Procedure Codes for Ophthalmologists**

| | | |
|---|---|---|
| 10060 | 92352 | 99499 |
| 10061 | 92353 | V2020 |
| 11000 | 92358 | V2025 |
| 11055 | 92370 | V2100 |
| 11056 | 92371 | V2101 |
| 11057 | 92499 | V2102 |
| 11200 | 92531 | V2103 |
| 11201 | 92532 | V2104 |
| 11310 | 92533 | V2105 |
| 11440 | 92534 | V2106 |
| 12011 | 92541 | V2107 |
| 16000 | 92542 | V2108 |
| 17000 | 92543 | V2109 |
| 17003 | 92544 | V2110 |
| 17004 | 92545 | V2111 |
| 17110 | 92546 | V2112 |
| 17111 | 92547 | V2113 |
| 65205 | 92950 | V2114 |
| 65210 | 94010 | V2115 |
| 65220 | 95060 | V2118 |
| 65222 | 95930 | V2121 |

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|---|---|---|
| 65286 | 96110 | V2199 |
| 65430 | 96111 | V2200 |
| 65435 | 96116 | V2201 |
| 65436 | 96567 | V2202 |
| 65600 | 96570 | V2203 |
| 66030 | 96571 | V2204 |
| 67220 | 97110 | V2205 |
| 67700 | 97112 | V2206 |
| 67710 | 97150 | V2207 |
| 67820 | 97530 | V2208 |
| 67825 | 97532 | V2209 |
| 67840 | 97533 | V2210 |
| 67850 | 97535 | V2211 |
| 67938 | 99050 | V2212 |
| 68020 | 99082 | V2213 |
| 68040 | 99201 | V2214 |
| 68135 | 99202 | V2215 |
| 68340 | 99203 | V2218 |
| 68440 | 99204 | V2219 |
| 68530 | 99205 | V2220 |
| 68760 | 99211 | V2221 |
| 68761 | 99212 | V2299 |
| 68801 | 99213 | V2300 |
| 68810 | 99214 | V2301 |
| 68811 | 99215 | V2302 |
| 68815 | 99217 | V2303 |
| 68840 | 99218 | V2304 |
| 92002 | 99219 | V2305 |
| 92004 | 99220 | V2306 |
| 92012 | 99221 | V2307 |
| 92014 | 99222 | V2308 |
| 92015 | 99223 | V2309 |
| 92018 | 99224 | V2310 |
| 92019 | 99225 | V2311 |
| 92020 | 99226 | V2312 |
| 92025 | 99231 | V2313 |
| 92060 | 99232 | V2314 |
| 92065 | 99233 | V2315 |
| 92081 | 99238 | V2318 |
| 92082 | 99239 | V2319 |
| 92083 | 99241 | V2320 |
| 92100 | 99242 | V2321 |
| 92132 | 99243 | V2399 |
| 92133 | 99244 | V2410 |
| 92134 | 99245 | V2430 |
| 92136 | 99251 | V2499 |
| 92140 | 99252 | V2510 |
| 92225 | 99253 | V2511 |
| 92226 | 99254 | V2520 |
| 92227 | 99255 | V2522 |
| 92228 | 99281 | V2523 |
| 92230 | 99282 | V2531 |

| | | |
|---|---|---|
| 92235 | 99283 | V2599 |
| 92240 | 99284 | V2600 |
| 92250 | 99285 | V2615 |
| 92260 | 99307 | V2623 |
| 92265 | 99308 | V2624 |
| 92270 | 99309 | V2625 |
| 92275 | 99341 | V2626 |
| 92283 | 99342 | V2627 |
| 92284 | 99343 | V2628 |
| 92285 | 99344 | V2629 |
| 92286 | 99345 | V2630 |
| 92287 | 99347 | V2632 |
| 92310 | 99348 | V2710 |
| 92311 | 99349 | V2744 |
| 92312 | 99350 | V2750 |
| 92313 | 99354 | V2781 |
| 92340 | 99355 | V2784 |
| 92341 | 99356 | V2785 |
| 92342 | 99357 | V2797 |
| | | V2799 |