

## The Kentucky Department for Medicaid Services \$2.00 Co-pay Policy

The policy clarification for the \$2.00 co-payment which started June 1, 2003 is as follows:

- Recipient's who must make the \$2.00 co-payment will have the phrase "subject to co-payment" printed on their Medicaid cards and will have an asterisk by their name.
- Audiologists (70); Chiropractors (85); Dentists (60); Dental Groups (61); Hearing Aid Providers (50); Opticians (52); Optometrists (77); and Podiatrists (80) must charge a \$2.00 co-payment per date of service for **all** services provided to Medicaid recipients.
- Physicians (64); Physician Groups (65); ARNP's (78); Rural Health (35); and Primary Care, (31) must charge a \$2.00 co-payment per date of service **only for these general ophthalmologic services: 92002, 92004, 92012 and 92014.**

If recipients have questions regarding this issue, please have the recipients call 1-800-635-2570. Both the providers and recipients may review this policy clarification on the Department for Medicaid Services website at [chs.ky.gov/dms/](http://chs.ky.gov/dms/).