

Alabama Medicaid Covered Services and Co-payments

This is a partial list of the goods and services that Alabama Medicaid pays for. For a full list of covered services, see the Covered Services handbook on the Agency website at www.medicaid.alabama.gov.

NOTE: These covered services are for recipients who have full Medicaid benefits.

Dental Services for recipients under age 21: Medicaid pays for dental services as long as the recipient is eligible for full Medicaid. Most children are no longer eligible after their 19th birthday unless they become eligible for another category.

Doctor Services: Medicaid pays for 14 doctor visits per calendar year. Medicaid also pays for 16 days of doctor's care when the recipient is in a hospital.

Eye Care Services for recipients age 21 and older: Medicaid pays for one complete eye exam and one pair of glasses every 3 calendar years.

Eye Care Services for recipients under age 21: Medicaid pays for eye exams and eyeglasses once every calendar year, or more often if medical necessity is documented. Most children are no longer eligible after their 19th birthday unless they become eligible for another category.

Family Planning Services: Family planning services are available to women of childbearing age and men of any age. Medicaid pays for women age 21 and older to have their tubes tied, and pays for vasectomies for men age 21 and older. Family planning services **do not** count against regular doctor's office visits.

Hearing Services for recipients under age 21: Medicaid pays for a hearing screening once every calendar year and for hearing aids.

Home Health Services: Medicaid provides for certain medical services in the recipient's home if he or she has an illness, disability, or injury that keeps him or her from leaving home without special equipment or the help of another person.

Hospice Services: Medicaid pays for hospice care for terminally ill persons with a life expectancy of 6 months or less. There is no limit on hospice days when approved by Medicaid ahead of time. Covered hospice services include nursing care, medical social services, doctors' services, short-term inpatient hospital care, medical appliances and supplies, medicines, home health aide and homemaker services, therapies, counseling services, and nursing home room and board.

Hospital Services: Inpatient Hospital Care – Medicaid inpatient days are unlimited as long as hospital care is medically necessary. Coverage is for a semiprivate hospital room (2 or more beds in a room).

In certain hospitals, nursing home care services are provided to Medicaid patients who are waiting to go into a nursing home. This is called **Post Hospital Extended Care (PEC)**.

Hospital Services: Outpatient Care – Medicaid pays for emergency and non-emergency outpatient hospital visits when medically necessary. There are no limits on outpatient hospital visits for lab work, x-ray services, radiation treatment, or chemotherapy. Medicaid also pays for 3 outpatient surgical procedures per calendar year if the surgeries are done in a place called an **Ambulatory Surgical Center**.

Hospital Services: Psychiatric – Medicaid pays for medically necessary services in a psychiatric hospital for recipients under age 21 and adults over age 65.

Laboratory and X-Ray Services: Medicaid pays for laboratory and X-ray services when these services are medically necessary.

Maternity Services: Medicaid pays for prenatal (before the baby is born) care, delivery and postpartum (after the baby is born) care. Medicaid also pays for prenatal vitamins.

Mental Health Services: Medicaid pays for treatment of people diagnosed with mental illness or substance abuse. The services received from a mental health center **do not** count against regular doctor's office visits or other Medicaid covered services.

Nurse Midwife Services: Medicaid covers nurse midwife services for maternity care, delivery, routine gynecology services, and family planning services.

Nursing Home Care Services: Medicaid pays for nursing home room and board, medicines prescribed by a doctor and 14 visits from a doctor per calendar year while the recipient is in a nursing home. Medicaid also pays for long term care for people who are intellectually disabled.

Out-of-State Services: Medicaid pays for some medical services only if certain conditions are met.

Prescription Drugs: Medicaid pays for most drugs ordered by the doctor. There are some drugs that must be approved by Medicaid ahead of time. For some recipients, Medicaid limits the number of brand name drugs each month. The doctor or pharmacist can tell you which drugs are paid for by Medicaid.

Renal Dialysis Services: Medicaid pays for 156 outpatient dialysis treatments per calendar year for recipients with kidney failure. Medicaid also pays for certain drugs and supplies.

Transplant Services: Medicaid pays for some organ transplants.

Transportation Services: Ambulance Services – Medicaid pays for ambulance services only when medically necessary.

Transportation Services: Non-Emergency Transportation Services – Medicaid helps cover the cost of transportation to and from medically necessary appointments for Medicaid recipients who have no other way to get to their appointments. To find out how to get help paying for a ride, call 1-800-362-1504. The call is free.

Well Child Checkup Program (also known as the EPSDT Screening Program):

The Well Child Checkup Program is for all Medicaid eligible recipients under 21 years of age who have full benefits. More doctor visits, extra hospital days, and medically-necessary services may be available if a medical problem is found during an EPSDT screening. Most children are no longer eligible after their 19th birthday unless they become eligible for another category.

Recipients who receive family planning services only, or non-citizens who receive emergency services only, are not eligible for the Well Child Checkup Program since they do not have full Medicaid.

Co-payments for Medicaid Services

You may be asked to pay a small part of the cost (co-payment) of some medical services you receive. Medicaid will pay the rest. Providers cannot charge any additional amount other than the co-payment for Medicaid covered services.

Services	Amount You Pay
Doctor visits	\$1.30 to \$3.90 for each visit
Optometric (eye care) services	\$1.30 to \$3.90 for each visit
Certified nurse practitioner visits	\$1.30 to \$3.90 for each visit
Health care center visits	\$3.90 for each visit
Rural health clinic visits	\$3.90 for each visit
Inpatient hospital	\$50 for each admission
Outpatient hospital	\$3.90 for each visit
Prescription drugs	65¢ to \$3.90 for each prescription
Medical equipment	\$1.30 to \$3.90 for each item
Supplies and appliances	65¢ to \$3.90 for each item
Ambulatory surgical centers	\$3.90 for each visit

You do not have to pay a co-payment if you are a Medicaid recipient who is:

- in a nursing home
- under 18 years of age
- receiving pregnancy-related services
- receiving family planning services
- a Native American Indian with an active user letter from Indian Health Services (IHS)

The following services do not require a co-payment:

- birth control (family planning) services
- case management services
- chemotherapy
- dental services for children under 21 years of age
- doctor fees if surgery was done in the doctor's office
- doctor visits if you are in a hospital or a nursing home
- emergencies
- home and community services for people who are intellectually disabled, or the elderly and physically disabled
- home health care services
- mental health and substance abuse treatment services
- preventive health education services
- physical therapy in a hospital outpatient setting
- radiation treatments
- renal dialysis treatments

Information in this handout is general and may change. To make sure you get the latest information, visit the Agency website at www.medicaid.alabama.gov and click on the **Program tab**, then on **Covered Services**. Detailed information is in the covered services handbook, "Your Guide to Alabama Medicaid".

If you have questions, you can call the Alabama Medicaid Agency's Recipient Call Center at 1-800-362-1504 (TDD is 1-800-253-0799.) The call is free.

Voter Registration Information

You can register to vote at any Medicaid office when applying, renewing, or giving a change of address. Medicaid workers can help you fill out the form and send the form to the local board of registrars in your home county.

This is simply a service Medicaid offers to applicants and recipients and does not affect the Medicaid benefits that you receive.

You may call the Secretary of State's Elections Division for more information about registering to vote. The number is 1-800-274-8683. The call is free.