~~Section 1902(a) (14) of the Social Security Act permits states to require certain beneficiaries to share some of the costs of receiving Medicaid services.~~

~~Co-Payment Amounts for Vision Services~~

~~Physician (any setting) $3.00 per visit~~
~~Eyeglasses $3.00 per pair~~

~~Vision Services Co-Payment Exceptions~~

~~Co-payment, by federal law, cannot be collected in certain instances. The following groups of beneficiaries are excluded from co-payment for vision services:~~

~~C Children~~
~~N Nursing facility residents~~
~~P Pregnant Women **(Reminder: The pregnancy-only eligibility category, COE 88, is excluded from vision service coverage**)~~

~~When the beneficiary is co-pay exempt, one of the exception codes **must** be indicated on the claim in the Medicaid ID number field as a suffix to the Medicaid number. Otherwise, co-payment will be deducted from the claim payment amount.~~

~~Collection of Co-Payment~~

~~In the absence of knowledge or indication to the contrary, the provider may accept the beneficiary's assertion that he/she cannot afford to pay the cost sharing co-payment amount. The provider may not deny services to any eligible Medicaid individual due to the individual's inability to pay the cost of the co-payment. However, the individual's inability to pay the co-payment does not alter the Medicaid reimbursement amount for the claim, unless the beneficiary or service is excluded from the co-payment policy as listed.~~

~~Collecting the co-payment amount from the beneficiary is the responsibility of the provider. In cases of claim adjustments, the responsibility of refunding or collecting the additional cost sharing co-payments from the beneficiary remains the responsibility of the provider.~~

Refer to Provider Policy Manual Section 3.08 for Beneficiary Cost Sharing policy.