FAMILY PLANNING WAIVER (TAKE CHARGE) PROVIDER MANUAL

Chapter Twenty-One of the Medicaid Services Manual

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State of Louisiana
Bureau of Health Services Financing

CHAPTER 21

FAMILY PLANNING WAIVER - TAKE CHARGE

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OVERVIEW

The Louisiana Department of Health and Hospitals (DHH) requested a Research and Demonstration Waiver under Section 1115 of the Social Security Act to expand eligibility for family planning services. The waiver was approved by the Centers for Medicare and Medicaid Services (CMS) on June 6, 2006 for implementation on July 1, 2006. The waiver program is named TAKE CHARGE and will be in effect for five years if all CMS conditions of participation are met. DHH may seek to renew the waiver thereafter.

The waiver is designed to decrease the rate of unintended pregnancies for women in the targeted population through access to family planning, and to decrease Medicaid expenditures for unintended pregnancy and related services through provision of family planning services.

The targeted population is women between the ages of 19 and 44 years, who have family incomes at or below 200% of the federal poverty level (FPL).

TAKE CHARGE covers only family planning services and some services have limits. Any enrolled Medicaid provider whose scope of practice includes family planning health services may offer TAKE CHARGE services.

For more information on the Family Planning Waiver-TAKE CHARGE program, visit the Take Charge website (see appendix B).

RECIPIENT REQUIREMENTS

Family planning waiver services are available to women, who are Louisiana residents, and who meet the following criteria:

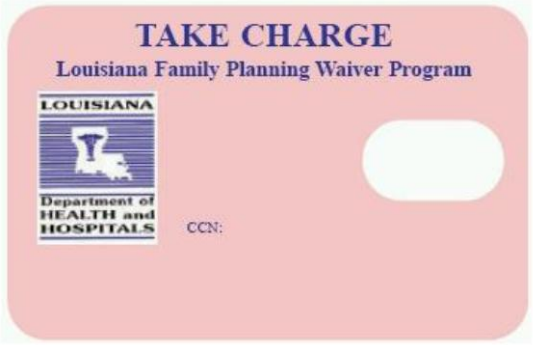
- Are between ages 19 through 44 years
- Have family income at or below 200% of the Federal Poverty Level
- Are not eligible for any other Medicaid program
- Have no major medical insurance coverage that covers family planning services
- Are not sterilized prior to program participation
- Are not incarcerated

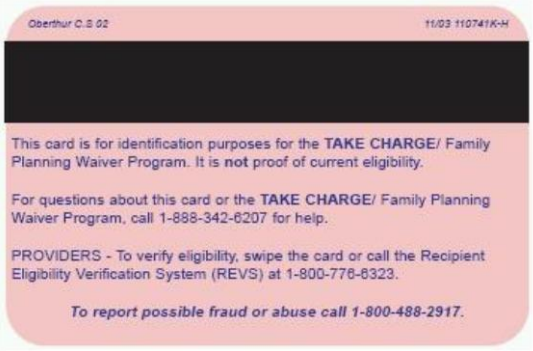
Enrollment/Applications

Applications for the TAKE CHARGE program are available in Title X Family Planning Clinics (Public Health Units), local health departments, certified Medicaid application centers, public hospitals/clinics, local Medicaid offices and online (see appendix B for Take Charge website).

Recipient Identification Card

TAKE CHARGE program recipients receive a pink eligibility card similar in appearance to a regular Medicaid card. The recipients' eligibility will be verified when the card is swiped using the Medicaid Eligibility Verification System (MEVS) or by telephone using Recipient Eligibility Verification System (REVS). Below is a sample of the pink eligibility card.





Eligibility Verification

The provider must verify eligibility each time a service is provided.

MEVS Eligibility Confirmation

The information identified in the confirmation of eligibility in MEVS is contingent on the type of provider making the inquiry. The following chart is an example of the information given during an inquiry by a hospital provider.

Health Benefit Plan Coverage

Benefit	Coverage Level	Insurance Type	Plan Coverage Description
Active Coverage	Individual	Medicaid	Family Planning Waiver SVS.
Benefit Description	Individual	Medicaid	Recipient Entitled To Limited Benefits.
Benefit Description	Individual	Medicaid	Preferred Language: English.

Service Limitations

Coverage Level	Individual
Service Type	Professional (Physician) Visit - Office
Insurance Type	Medicaid
Units	4 Visits Remaining

REVS Eligibility Confirmation

Providers who verify eligibility via REVS will receive the following information when confirming eligibility:

- The Recipient is eligible for Family Planning Waiver Services only.
- Benefits are limited.
- The recipient has _"X"_ Family Planning visits remaining.

COVERED SERVICES

The Family Planning Waiver-TAKE CHARGE program covers services such as:

- Four visits per year for physical examinations or necessary re-visits as it relates to family planning and birth control;
- Laboratory tests for the purpose of family planning;
- Approved medications and supplies (i.e. birth control pills, patches, IUD's diaphragms, etc.).

A provider can bill a Medicaid patient for a service that is not covered under the state's Medicaid Program when the provider and patient are both aware that Medicaid will not pay for the service. A provider may choose to explain in writing and orally to the patient why the patient will be billed for the service to ensure that the patient understands the reason for, and the patient's liability for payment.

Required Services

The following services are offered at the initial and subsequent visits and must be properly documented in the recipient's chart:

- Case history
- Examination
- Laboratory Testing
- Education and Counseling
- Follow up and referrals

Return Visits

Return visits (excluding routine supply visits) include an assessment of the recipient's health status, current complaints, and an evaluation of birth control method and an opportunity to change these methods.

Pharmaceuticals and Supplies

The pharmaceuticals (drugs, supplies, and devices) covered in the outpatient pharmacy program for the family planning waiver includes the following:

- Birth control pills and condoms
- IUDs
- Spermicide and diaphragms as currently covered under the Medicaid program

Services not covered by Take Charge will deny with the error code 388 (recipient Not Covered for Drugs) which is linked to the National Council for Prescription Drug Programs (NCPDP) rejection code M1 (Patient Not Covered in This Aid Category).

Service Limitations

A limit of FOUR visits per calendar year (including initial visit and re-visits) has been established for services provided by physicians, nurse practitioners, physician assistants, or nurses based on approved procedure codes (see appendix A)

If a recipient enrolls in Medicaid while participating in TAKE CHARGE, the number of annual visits credited against TAKE CHARGE **will not** be credited against the number of annual Medicaid visits.

Primary Care Services (Non-Covered)

Primary care services **are not covered** by this waiver. However, if a need for primary care services is identified during a family visit, the health care provider is responsible for informing the recipient about the need to seek treatment and providing her with the names and addresses for primary care services. The Louisiana State University Health Sciences Center Health Care Services Division (LSU/HSC/HCSD) has agreed to act as a resource for primary care referrals. Providers may download a list of site locations from the TAKE CHARGE website (see appendix B).
Examples of non-covered services include but are not limited to:

- Follow up visits for any abnormal laboratory and diagnostic testing
- Mammograms
- Hysterectomy
- Biopsy and colposcopy
- Inpatient services
- Emergency room visits

Required Referrals

Providers must refer recipients who require services beyond the scope of this practice to an appropriate provider**.**

Informed Consent

Providers must have the recipient's consent prior to providing services. The consent must be informed, voluntary and documented in the record. There must be documentation in the medical record that the recipient has been counseled, provided with the appropriate informational material and that the recipient understands both.

Sterilization

Sterilizations must comply with Medicaid program requirements. Providers must use a federally approved sterilization form located on the U.S. Department of Health & Human Services website. (Refer to appendix B for website).

Consent for Sterilization forms may also be obtained from area health units or through written requests to the Office of Population Affairs (OPA) Clearinghouse (see appendix B for contact information).

The sterilization forms require the following signatures:

- Individual to be sterilized
- Interpreter (if applicable)
- Person who obtains the consent
- Physician who will perform the sterilization

Counseling **prior** to sterilization must be neutral, factual, and nondirective on all options.

Recipient Education and Counseling

Recipient education and counseling services must be current and meet the following requirements:

- Be properly documented in the recipient's record
- Be presented in an unbiased manner
- Be appropriate for recipient's age, knowledge, language, and socio-cultural background
- Present specific methods of contraception and their adverse effects
- Provide instructions on BSE (breast self-examinations)
- Provide instructions to reduce transmission of **Human Immunodeficiency Virus** (HIV) and Sexually Transmitted Disease/Infections (STDs/STIs)

- Convey the importance of recommended tests and procedures;
- Convey the importance of fertility regulation in maintaining family/individual health;
- Provide health promotion/disease prevention information (i.e., nutrition, exercise, smoking cessation, alcohol/drug abuse, domestic violence, and sexual abuse);
- Have a planned return schedule;
- Provide an emergency 24-hour telephone number;
- Provide recipient with results of physical exam and lab studies.

Counselors Requirements

Counselors should be:

- Objective
- Nonjudgmental
- Culturally aware
- Sensitive to recipients' individual differences

Medical History, Physical Assessment, and Lab Testing

A comprehensive medical history must be completed at the initial visit and updated on subsequent clinical visits.

Initial Physical Assessment

The initial physical assessment includes:

- Height/weight
- STD/STI and HIV screening, as indicated
- Pelvic exam/PAP smear
- Health maintenance screening (blood pressure and breast exam)

NOTE: When a service is deferred or declined the reason must be documented.

Laboratory Testing

Tests may be provided for the maintenance of health status and/or diagnostic purposes either on-site or by referral. Tests may include but are not limited to the following:

- Anemia assessment
- Certain STD/STI tests
- Vaginal wet mount
- Pregnancy testing
- Testing when required by a specific contraceptive method (FDA or prescribing recommendations)

NOTE: Refer to Appendix A for a list of codes.

PROVIDER PARTICIPATION

Family planning waiver services may be provided by any Medicaid-enrolled provider, whose scope of practice permits the delivery of family planning services, including, but not limited to:

- Physicians
- Nurse practitioners
- Office of Public Health (OPH) Family Planning Clinics
- Clinics operated by the LSU/HSC/HCSD (the public hospital system)
- Federally Qualified Health Centers (FQHCs)
- Rural Health Clinics (RHCs)
- Tribal/American Indian 638 Clinics
- Physician assistants

REIMBURSEMENT

Providers of Family Planning Waiver -TAKE CHARGE services, including Federally Qualified Health Centers (FQHCs), Rural Health Clinics (RHCs) and American Indians 638 Clinics will be reimbursed at the Medicaid fee-for-service rates.

TAKE CHARGE offers a limited benefit package of services which includes professional services, outpatient services, and laboratory/radiology and pharmaceutical services. With the exception of the services billed by pharmacists, all services must be billed using approved diagnosis codes (see appendix A).

Billing Information

Claims processing for family planning waiver services will be conducted through the fiscal intermediary (FI).

In order for providers to receive reimbursement the primary purpose of the visit must be family planning. Claims for TAKE CHARGE recipients must have a primary diagnosis code from the approved V25 family planning series (see appendix A).

NOTE: The recipient's medical record must include the medical diagnosis and physician's documentation to support the service and claim.

RECORD KEEPING

Records must be maintained in an organized and standardized format and comply with accepted medical record keeping standards. All records must be retained for a period of five years from the date of the last payment. In the case of an audit, the records must be maintained until the audit is complete, even if the five years is exceeded.

Refer to chapter one (General Information and Administration) for more information regarding record keeping.

Content and Organization of the Medical Record

The records must contain sufficient information to identify the recipient, indicate contact information, justify clinical diagnosis, and warrant the treatment and end results. The required content includes:

- Personal data
- Medical history, physical exam, clinical findings, diagnostic/laboratory orders, results, and treatment
- Scheduled revisits
- Telephone encounters of a clinical nature
- Documentation of continuing care, referral, and follow up
- Signed informed consent
- Signed refusal of services
- Allergies and drug reactions
- Allow for entries by counseling and social service staff

Records must be:

- Systematically organized, complete, legible, and accurate
- Signed in ink by the clinician (name, title, date)
- Readily accessible immediately upon request by DHH, federal agencies and Attorney General's office
- Supportive of the services provided
- Confidential, safeguarded against loss or use by unauthorized persons
- Secured in a locked cabinet when not in use
- Available for review upon the recipient's request

Confidentiality and Release of Records

Providers must:

- Maintain a confidentiality assurance statement and HIV information according to state law and be kept separate whenever possible
- Have the recipient's written consent for the release of personal identifiable information, except as may be necessary to provide services or as required by law
- Comply with the Health Insurance Portability and Accountability Act (HIPAA) regulations and other applicable state and federal laws

APPEALS

A provider may contest an adverse action taken by the Bureau by submitting a written request for an appeal to the Department's Bureau of Appeals. The request must be received within 30 days of the receipt of written notification of the Bureau's actions. The appeal must specify, in detail, the reason for the appeal and state the reasons why the provider feels aggrieved by the Bureau's actions. The appeal should be sent to the Department's Bureau of Appeals (see appendix B for contact information).

NOTE: Recipients are notified by letter of his/her appeal rights.

PROCEDURE/DIAGNOSIS/REVENUE CODES

TAKE CHARGE offers a limited benefit package of services which includes professional services, outpatient services, and laboratory/radiology and pharmaceutical services. With the exception of the services billed by pharmacists, all services must be billed using one of the diagnosis codes listed below.

Diagnosis Code	Description
V25.01	Prescription of Oral Contraceptives
V25.02	Initiation of Other Contraceptive Measures
V25.03	Encounter for Emergency Contraceptive Counseling and Prescription
V25.09	Other
V25.11	Insertion of Intrauterine Contraceptive Device (Effective 10/01/10)
V25.12	Removal of Intrauterine Contraceptive Device (Effective 10/01/10)
V25.13	Removal and Reinsertion of Intrauterine Contraceptive Device (Effective 10/01/10)
V25.2	Sterilization
V25.3	Menstrual Extraction
V25.40	Contraceptive Surveillance, Unspecified
V25.41	Contraceptive Pill
V25.42	Intrauterine Contraceptive Device
V25.43	Implantable Sub Dermal Contraceptive
V25.49	Other Contraceptive Method
V25.5	Insertion of Implantable Sub Dermal Contraceptive
V25.9	Unspecified Contraceptive Management

Revenue Codes	Description
HR250	Pharmacy, General Classification
HR258	Pharmacy, IV Solutions
HR259	Pharmacy, Other Pharmacy
HR260	IV Therapy
HR270	Med/Surg Supply/Device-Gen. Cls
HR271	Tempkit/Probe Covers/Service
HR272	Sterile Supply
HR300	Laboratory-Gen Classification*
HR301	Chemistry*
HR302	Immunology*
HR305	Hematology*
HR306	Laboratory-Hematology*
HR307	Laboratory-Urology*
HR309	Laboratory-Other Laboratory*

HR310	Lab Pathological/Gen Classification*
HR311	Laboratory Pathologic/Cytology*
HR312	Lab Pathologic/Histology***
HR490	Ambulatory Surgical Care General
HR510	Outpatient Clinics
HR514	OB-GYN Clinic*
HR517	Family Practice Clinic*
HR760	Treatment/Observation Room
HR920	Other Diag Serv Gen Classification**

*Bill with appropriate FPW HCPC code (see list)
**Bill with appropriate but non-specific HCPC code

Procedure Code	Description
00851	Anes; Tubal Ligation/Transection
11981	Insertion, non-biodegradable drug delivery implant
11982	Removal, non-biodegradable drug delivery implant
11983	Removal with reinsertion, non-biodegradable drug delivery implant
36415	Venipuncture Multiple Patients
57170	Diaphragm Fitting With Instructions
58300	Insert Intrauterine Device
58301	Remove Intrauterine Device
58600	Division of Fallopian Tube
58615	Occlusion of Fallopian Tube, Device
58670	Laparoscopy, Tubal Cautery
58671	Laparoscopy, Tubal Block
62311	Inject Spine L/S (Cd)
62319	Inject Spine W/Cath L/S (Cd)
71010	Chest Single View
71020	Chest Two Views
80048	Basic Metabolic Panel
80050	General Health Screen Panel
80051	Electrolyte Panel
80061	Lipid Profile
81000	Urinalysis with Microscopy
81001	Urinalysis, Auto, W/Scope
81002	Routine Urine Analysis
81003	Urinalysis, By Dip Stick or Tablet R
81005	Urinalysis
81025	Urine Pregnancy Test, By Visual Colo
82948	Stick Assay of Blood Glucose

82962	Glucose, Blood, By Glucose Monitoring
83020	Assay Hemoglobin
84520	Assay Bun
84550	Assay Blood Uric Acid
84702	Gonadotropin, Chronic, Quantitative
84703	Gonadotropin, Chronic, Qualitative
85013	Blood Count
85014	Blood Count Other Than Spun Hematocr
85018	Hemoglobin, Colorimetric
86592	Syphilis Test(S), Qualitative
86593	Syphilis Test, Quantitative
86631	Antibody
86645	Antibody
86687	Htlvi, Antibody Detection;Immunoassa
86688	Antibody
86689	Confirmatory Test
86701	Antibody
86702	Antibody
86703	Antibody
87070	Culture Specimen, Bacteria
87075	Culture Specimen, Bacteria
87081	Bacteria Culture Screen
87110	Culture, Chlamydia
87210	Smear, Stain & Interpret
87270	Chylmd Trach Ag, Dfa
87320	Chylmd Trach Ag, Eia
87390	Hiv-1 Ag, Eia
87391	Hiv-2 Ag, Eia
87480	Candida, Dna, Dir Probe
87481	Candida, Dna, Amp Probe
87490	Chylmd Trach, Dna, Dir Probe
87491	Chylmd Trach, Dna, Amp Probe
87590	N.Gonorrhoeae, Dna, Dir Prob
87591	N.Gonorrhoeae, Dna, Amp Prob
87620	Hpv, Dna, Dir Probe
87621	Hpv, Dna, Amp Probe
87810	Chylmd Trach Assay W/Optic
87850	N. Gonorrhoeae Assay W/Optic
88108	Cytopathology, Fluids, Washings or B
88141	Cytopath Cerv/Vag Interpret
88142	Cytopath Cerv/Vag Thin Layers
88143	Cytpath C/Vag T/Layer Redo
88147	Cytpath C/Vag Automated
88148	Cytpath C/Vag Auto Rescreen

88150	Cytopathology, Pap smear
88152	Cytopath Cerv/Vag Auto
88153	Cytpath C/Vag Redo
88154	Cytpath C/Vag Select
88155	Cytopath, (Pap); W/ Def.Hormonal Eval
88160	Cytopathology
88161	Cytopath; Prep,Screen,Interp.
88162	Cytopath..; Ext.Study, +5 Slides, Multi
88164	Cytpath Tbs C/Vag Manual
88165	Cytpath Tbs C/Vag Redo
88166	Cytpath Tbs C/Vag Auto Redo
88167	Cytpath Tbs C/Vag Select
88173	Fine Needle Aspirate..;INterp/Report
88174	Cytopathology, Cervial or Vaginal Col
88175	Cytopathology with Screening
88300	Surgical Pathology, Gross
88302	Surgical Pathology, Complete
88312	Special Stains
88313	Special Stains
93000	Routine Ecg W/At Least 12 Leads
99201	Office, New, Problem, Straightforward
99202	Office, New Pt, Expanded, Straightfowd
99203	Office, New Pt, Detailed, Low Complex
99204	Office, New Pt, Comprehen, Mod Complx
99205	Office, New Pt, Comprehen, High Compx
99211	Office, Est. Pt, Minimal Problems
99212	Office, Est. Pt, Problem, Straitforwd
99213	Office, Est. Pt, Expanded, Low Complex
99214	Office, Est. Pt, Detailed, Mod Complx
99215	Office, Est. Pt, Comprehen, High Complx
99241	Off Consult, Nre Pt, Prblm, Strtfwd
99242	Off Conslt, Nre Pt, Xpnd Pblm, Strtfwd
99243	Off Cnslt, Nre Pt, Dtld, Lo Cmplxy
99244	Off Cnslt, Nre Pt, Cmphsv, Mod Cmplxy
99245	Off Cnslt, Nre Pt, Cmphsv, Hi Cmplxy
A4267	Contracep Supply/Male Condom, Each (Restricted To Provider Type 71)
A4268	Contracep Supply/Female Condom, Each (Restricted To Provider Type 71)
A4269	Contraceptive Supply, Spermacide (Restricted To Provider Type 71)
J1055	Depo-Provera Inj 150mg
J1056	Lunelle Monthly Contraception Inj
J7300	Intrauterine Copper Contraceptive
J7302	Mirena

Q0111	Wet Mounts, Preparations of Vaginal
Q0112	Potassium Mydroxide Preparations
S4993	Contracep Pills/Birth Control-1 Mth00851 (Restricted to provider type 71)

CONTACT/REFERRAL INFORMATION

Name of Contact	Address/Telephone/Website
Fiscal Intermediary: Molina Medicaid Solutions ***(formerly Unisys Corporation)***	
Electronic Media Claims (EMC) Electronic claims sign up and testing	P.O. Box 91025 Baton Rouge, LA 70898 Phone: 225-216-6000 Fax: 225-216-6335
Pharmacy Point of Sale (POS)	P.O. Box 91019 Baton Rouge, LA 70821 Phone: 800-648-0790 (Toll Free) Phone: 225-216-6381 (Local)
Pre-Certification Unit (Hospital) Pre-certification issues and forms	P.O. Box 14849 Baton Rouge, LA 70809-4849 Phone: 800-877-0666 Fax: 800-717-4329
Prior Authorization Unit (PAU) Prior authorization issues, requests and forms	P.O. Box 14919 Baton Rouge, LA 70898 Phone: 800-807-1320 Fax: 225-216-6476
Provider Enrollment Unit (PEU) Provider Enrollment, direct deposit problems, reporting of changes and ownership, NPI	P.O. Box 80159 Baton Rouge, LA 70898 Phone: 225-216-6370 Fax: 225-216-6392
Provider Relations (PR) Billing and training questions	P.O. Box 91024 Baton Rouge, LA 70821 Phone: 225-924-5040 (Local) 800-473-2783 (Toll Free) Fax: 225-216-6334
Recipient Eligibility Verification (REVS)	Phone: 800-766-6326 (Toll Free) Phone: 225-216-7387 (Local)

Web Technical Support	Phone: 877-598-8753 (Toll Free)

Name of Contact	Address/Telephone/Website
Department of Health and Hospitals (DHH)	
Bureau of Appeals	P.O. Box 4183 Baton Rouge, LA 70821-4182 Phone: 225-342-0443 Fax: 225-342-8773
Division of Administrative Law – Health and Hospitals Section Appeals	P.O. Box 4189 Baton Rouge, LA 70821-4189 Phone: 225-342-0443 Fax: 225-219-9823
Health Standards Section (HHS)	P.O. Box 3767 Baton Rouge, LA 70821 Phone: 342-0138 Fax: 342-5292
Louisiana's Medicaid and Louisiana Children's Health Insurance Program (LaCHIP)	General Medicaid Hotline: 888-342-6207 LaCHIP: 225-342-0555 (Local) LaCHIP: 877-252-2447 (Toll Free) http://bhsfweb.dhh.louisiana.gov/LaCHIP/
Medicaid Card Questions	888-342-6207 (Toll Free)
Office of Aging and Adult Services (OAAS)	P.O. Box 2031 Baton Rouge, LA 70821 Phone: 866-758-5038 Fax: 225-219-0202 E-mail: MedWeb@dhh.la.gov http://new.dhh.louisiana.gov/index.cfm/subhome/12/n/7
Office for Citizens with Developmental Disabilities (OCDD)	628 N. Fourth Street Baton Rouge, LA 70802 Phone: 225-342-0095 (Local) Phone: 866-783-5553 (Toll Free) E-mail: ocddinfo@la.gov

	http://new.dhh.louisiana.gov/index.cfm/subhome/11/n/8

Name of Contact	Address/Telephone/Website
Department of Health and Hospitals (DHH)	
Program Integrity (PI) Report Fraud	P.O. Box 91030 Baton Rouge, LA 70810 Fax: 225-219-4155 Fraud and Abuse Hotline: 800-488-2917 http://new.dhh.louisiana.gov/index.cfm/subhome/1/n/10
Take Charge (Family Planning Waiver)	P.O. Box 91278 Baton Rouge, LA 70821 Phone: (888) 342-6207 Fax: (877) 523-2987 medweb@la.gov http://new.dhh.louisiana.gov/index.cfm/page/232
Third Party Liability (TPL) TPL Recovery, Trauma	453 Spanish Town Road Baton Rouge, LA 70802 Phone: 342-1376 Fax: 342-5292
Other Helpful Contact Information	
Office of Population Affairs (OPA) Clearinghouse	P.O. Box 30686 Bethesda, MD 20824-0686 Phone: 866-640-7827 Fax: 866-592-3299 E-mail: Info@OPAclearinghouse.org
U.S. Department of Health & Human Services Sterilization and Consent Forms	http://www.hhs.gov/opa/order-publications/#pub_sterilization-pubs