REIMBURSEMENT

Providers of Take Charge Plus 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 published on the Take Charge Plus fee schedule.

Non physician providers (NPP), nurse practitioners and physician assistants, will be reimbursed using the same methodology as the Professional Services Program.

Take Charge Plus offers a limited benefit package of family planning and family planning-related services which includes:

- Professional services;
- Outpatient hospital services;
- Ambulatory surgical center services;
- Limited inpatient services (see Section 48.1 Covered Services);
- Laboratory and radiology services; and
- Pharmaceutical services.

Billing Information

Claims processing for family planning services and family planning-related 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 or family planning-related. Providers must use the appropriate and definitive diagnosis code(s) for family planning or family planning-related services when billing that reflects the specific intent and purpose of Take Charge Plus.

Providers shall accept as payment in full the amounts established by the Medicaid Program, and must not seek additional payment from the beneficiary for any unpaid portion of a bill. A beneficiary may be billed for services that have been determined as non-covered or exceeding a limitation set by the Medicaid Program. Beneficiaries are also responsible for all services rendered after eligibility has ended.

Adjusting/Voiding Claims

An adjustment or void may be submitted to the FI electronically or by using the CMS-1500 (02/12) form. Only a paid claim can be adjusted or voided. Denied claims must be corrected and resubmitted not adjusted or voided.

The provider should complete the information on the adjustment exactly as it appeared on the original claim, changing only the item(s) that was in error and noting the reason for the change in the space provided on the claim. If a paid claim is being voided, the provider must enter all the information on the void from the original claim exactly as it appeared on the original claim. After a voided claim has appeared on the Remittance Advice, a corrected claim may be resubmitted (if applicable).

Please refer to Appendix E of the Professional Services provider manual for additional information regarding adjusting and/or avoiding claims.