
CHAPTER 48: FAMILY PLANNING – TAKE CHARGE PLUS

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REIMBURSEMENT

Providers of Take Charge Plus (TCP) services, including federally qualified health centers (FQHCs), rural health clinics (RHCs) and American Indian/638 clinics will be reimbursed at the Medicaid fee-for-service rates published on the TCP fee schedule.

Non-physician providers such as, advanced practice registered nurses and physician assistants, will be reimbursed using the same methodology as the Professional Services program.

TCP offers a limited benefit package of family planning and family planning-related services that includes:

1. Professional services;
2. Outpatient hospital services;
3. Ambulatory surgical center services;
4. Limited inpatient services. (See Section 48.1 Covered Services);
5. Laboratory and radiology services; and
6. Pharmaceutical services.

Billing Information

Claims processing for family planning services and family planning-related services are 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 submitting claims that reflect the specific intent and purpose of TCP.

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.

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Adjusting/Voiding Claims

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