

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

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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/HCSO) 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)

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- 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.

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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.