
CHAPTER 21: FAMILY PLANNING WAIVER – TAKE CHARGE

SECTION 21.4: REIMBURSEMENT

PAGE(S) 1

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.