

## Family Planning (Birth Control)

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[Instructions for Use](#)

Table of Contents	Page
<a href="#">Coverage Guidelines</a> .....	1
<a href="#">Policy History/Revision Information</a> .....	2
<a href="#">Instructions for Use</a> .....	2

### Related Medicare Advantage Policy Guideline

- [Sterilization \(NCD 230.3\)](#)

## Coverage Guidelines

Family planning for prevention of pregnancy is only covered incidental to a physician office visit.

Office visits for general education, counseling, and instruction on birth control methods are covered. Refer to the [Medicare Benefit Policy Manual, Chapter 15, § 20.1 – Physician Expense for Surgery, Childbirth, and Treatment for Infertility](#). (Accessed September 7, 2021)

Routine pregnancy testing is covered as reasonable and necessary to determine a patient’s status. Refer to the [Medicare Benefit Policy Manual, Chapter 15, § 20.1 – Physician Expense for Surgery, Childbirth, and Treatment for Infertility](#). (Accessed September 7, 2021)

Sterilization is covered only when necessary as a part of the treatment of an illness or injury. Examples include, but are not limited to:

- Payment may be made only where sterilization is a necessary part of the treatment of an illness or injury, e.g. removal of the uterus because of a tumor, removal of diseased ovaries.
- Sterilization of a mentally challenged beneficiary is covered if it is a necessary part of the treatment of an illness or injury (bilateral oophorectomy or bilateral orchidectomy in a case of cancer of the prostate).
- Monitor such surgeries closely and obtain the information needed to determine whether in fact the surgery was performed as a means of treating an illness or injury or only to achieve sterilization.

Refer to the [NCD for Sterilization \(230.3\)](#). (Accessed September 7, 2021)

The following are examples of non-covered services, but are not limited to:

- Birth control devices and procedures (e.g., IUD, diaphragm and other implantable birth control devices); refer to the [Medicare Benefit Policy Manual, Chapter 16, §20 – Services Not Reasonable and Necessary](#). (Accessed September 7, 2021)
- Over-the-counter supplies or prescription devices or drugs for birth control; refer to the [Medicare Benefit Policy Manual, Chapter 16, §20 – Services Not Reasonable and Necessary](#). (Accessed September 7, 2021)
- Non-prescription contraceptive supplies; refer to the member’s EOC
- Reversal of sterilization procedures; refer to the member’s EOC
- Elective hysterectomy, tubal ligation or vasectomy if the sole reason for the procedure is sterilization; refer to the [National Coverage Determination \(NCD\) for Sterilization \(230.3\)](#). (Accessed September 7, 2021)
- Sterilization performed because the physician believes another pregnancy would endanger the overall general health of the woman; refer to the [NCD for Sterilization \(230.3\)](#). (Accessed September 7, 2021)
- Sterilization performed only as a means to prevent the possible development of, or an effect on, a mental condition should the individual become pregnant; refer to the [NCD for Sterilization \(230.3\)](#). (Accessed September 7, 2021)

- Sterilization performed only to prevent conception in a mentally challenged member; refer to the [NCD for Sterilization \(230.3\)](#). (Accessed September 7, 2021)

## Policy History/Revision Information

Date	Summary of Changes
10/19/2021	<p><b>Coverage Guidelines</b></p> <ul style="list-style-type: none"> <li>• Updated list of indications (examples) for sterilization when necessary as a part of the treatment of an illness or injury; added requisite to “monitor such surgeries closely and obtain the information needed to determine whether in fact the surgery was performed as a means of treating an illness or injury or only to achieve sterilization”</li> <li>• Added reference link to the National Coverage Determination (NCD) for <i>Sterilization (230.3)</i></li> </ul> <p><b>Supporting Information</b></p> <ul style="list-style-type: none"> <li>• Archived previous policy version MCS037.01</li> </ul>

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The benefit information in this Coverage Summary is based on existing national coverage policy; however, Local Coverage Determinations (LCDs) may exist and compliance with these policies are required where applicable.

There are instances where this document may direct readers to a UnitedHealthcare Commercial Medical Policy, Medical Benefit Drug Policy, and/or Coverage Determination Guideline (CDG). In the absence of a Medicare National Coverage Determination (NCD), Local Coverage Determination (LCD), or other Medicare coverage guidance, CMS allows a Medicare Advantage Organization (MAO) to create its own coverage determinations, using objective evidence-based rationale relying on authoritative evidence ([Medicare IOM Pub. No. 100-16, Ch. 4, §90.5](#)).

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