### Coverage Statement

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

### Guidelines/Notes:


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

See the NCD for Sterilization (230.3). (Accessed October 22, 2019)

4. The following are examples of non-covered services, but are not limited to:
   a. Birth control devices and procedures (e.g., IUD, diaphragm and other implantable birth control devices); see the Medicare Benefit Policy Manual, Chapter 16, §20 - Services Not Reasonable and Necessary. (Accessed October 22, 2019)
   b. Over-the-counter supplies or prescription devices or drugs for birth control; see the Medicare Benefit Policy Manual, Chapter 16, §20 - Services Not Reasonable and Necessary. (Accessed October 22, 2019)
   c. Non-prescription contraceptive supplies; refer to the member’s EOC
   d. Reversal of sterilization procedures; refer to the member’s EOC
   e. Elective hysterectomy, tubal ligation or vasectomy if the sole reason for the procedure is sterilization; see the NCD for Sterilization (230.3). (Accessed October 22, 2019)
   f. Sterilization performed because the physician believes another pregnancy would endanger the overall general health of the woman; see the NCD for Sterilization (230.3). (Accessed October 22, 2019)
   g. Sterilization performed only as a means to prevent the possible development of, or an effect on, a mental condition should the individual become pregnant; see the NCD for Sterilization (230.3). (Accessed October 22, 2019)
   h. Sterilization performed only to prevent conception in a mentally challenged member; see the NCD for Sterilization (230.3). (Accessed October 22, 2019)

II. DEFINITIONS

III. REFERENCES

See above
IV. REVISION HISTORY

11/19/2019  •  Routine review; no change to coverage guidelines