Coverage Summary

Family Planning (Birth Control)

Approved by: UnitedHealthcare Medicare Benefit Interpretation Committee  Last Review Date: 11/17/2020
Related Medicare Advantage Policy Guideline: Sterilization (NCD 230.3)

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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 is 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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I.  COVERAGE

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

Guidelines/Notes:


2. Routine pregnancy testing is covered as reasonable and necessary to determine a patient’s status. See the Medicare Benefit Policy Manual, Chapter 15, § 20.1 – Physician Expense for Surgery, Childbirth, and Treatment for Infertility. (Accessed October 22, 2020)

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, 2020)

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, 2020)
   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, 2020)
   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, 2020)
   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, 2020)
   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, 2020)
   h. Sterilization performed only to prevent conception in a mentally challenged member; see the NCD for Sterilization (230.3). (Accessed October 22, 2020)

II. DEFINITIONS

III. REFERENCES

IV. REVISION HISTORY

11/17/2020  • Routine review; no change to coverage guidelines