

# CONTRACEPTIVES

**Policy Number:** PHARMACY 015.27 T0

**Effective Date:** August 1, 2018

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## Related Policies

- [Drug Coverage Criteria - New and Therapeutic Equivalent Medications](#)
- [Preventive Care Services](#)

## INSTRUCTIONS FOR USE

This Clinical Policy provides assistance in interpreting Oxford benefit plans. Unless otherwise stated, Oxford policies do not apply to Medicare Advantage members. Oxford reserves the right, in its sole discretion, to modify its policies as necessary. This Clinical Policy is provided for informational purposes. It does not constitute medical advice. The term Oxford includes Oxford Health Plans, LLC and all of its subsidiaries as appropriate for these policies.

When deciding coverage, the member specific benefit plan document must be referenced. The terms of the member specific benefit plan document [e.g., Certificate of Coverage (COC), Schedule of Benefits (SOB), and/or Summary Plan Description (SPD)] may differ greatly from the standard benefit plan upon which this Clinical Policy is based. In the event of a conflict, the member specific benefit plan document supersedes this Clinical Policy. All reviewers must first identify member eligibility, any federal or state regulatory requirements, and the member specific benefit plan coverage prior to use of this Clinical Policy. Other Policies may apply.

UnitedHealthcare may also use tools developed by third parties, such as the MCG™ Care Guidelines, to assist us in administering health benefits. The MCG™ Care Guidelines are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.

## CONDITIONS OF COVERAGE

Applicable Lines of Business/ Products	This policy applies to Oxford Commercial plan membership.
Benefit Type	Pharmacy <sup>1,2</sup> General Benefits Package <sup>1</sup>
Referral Required (Does not apply to non-gatekeeper products)	No
Authorization Required (Precertification always required for inpatient admission)	No
Precertification with Medical Director Review Required	No
Applicable Site(s) of Service (If site of service is not listed, Medical Director review is required)	Office
Special Considerations	<sup>1</sup> Please refer to the Member's specific certificate of coverage, contract and/or prescription drug rider as applicable. <sup>2</sup> <a href="#">Religious exemptions</a> may apply.

## BENEFIT CONSIDERATIONS

Before using this policy, please check the member specific benefit plan document and any federal or state mandates, if applicable.

## **Essential Health Benefits for Individual and Small Group**

For plan years beginning on or after January 1, 2014, the Affordable Care Act of 2010 (ACA) requires fully insured non-grandfathered individual and small group plans (inside and outside of Exchanges) to provide coverage for ten categories of Essential Health Benefits ("EHBs"). Large group plans (both self-funded and fully insured), and small group ASO plans, are not subject to the requirement to offer coverage for EHBs. However, if such plans choose to provide coverage for benefits which are deemed EHBs, the ACA requires all dollar limits on those benefits to be removed on all Grandfathered and Non-Grandfathered plans. The determination of which benefits constitute EHBs is made on a state by state basis. As such, when using this policy, it is important to refer to the member specific benefit plan document to determine benefit coverage.

## **COVERAGE RATIONALE**

Under the Health Care Reform Law, health plans must cover Food and Drug Administration (FDA) approved contraception methods for women without cost-sharing (copayment, coinsurance or deductible) when the method(s) is provided by a network provider. Under the Health Care Reform Law, health plans may use reasonable medical management techniques to determine the frequency, method, treatment, or setting for FDA approved female contraceptive methods to the extent not specified in the relevant recommendation or guideline.

For additional information, please visit the Member portal of oxfordhealth.com for the [Prescription Drug List](#). Also, refer to the policy titled [Preventive Care Services](#).

## **Contraceptive Procedures/Appliances/Devices and Injectable Drugs Provided in a Physician's Office**

FDA approved contraceptive procedures, appliances, and devices such as IUD's, implants, cervical caps and diaphragms are covered under the member's medical benefit. Injectable contraceptive drugs (e.g., Depo Provera® 150 mg, and Depo-Subq Provera 104,) are covered under a member's medical benefit when the injection is performed in the office of a network provider. For additional information regarding preventive contraceptive coverage, refer to the policy titled [Preventive Care Services](#) and the member specific benefit plan document, as applicable.

### **Notes:**

- Diaphragms are covered under the pharmacy benefit if purchased at a network pharmacy. For additional information, please visit [oxfordhealth.com](#).
- Religious Employers (as defined by the state chart below) may request a contract without coverage for contraceptives that are contrary to the Religious Employer's bona fide religious tenets. Refer to the [Definitions](#) section for state specific definitions of Religious Employer, which employers must meet in addition to the definition of Religious Employer under the Patient Protection and Affordable Care Act (PPACA).
  - **Exception for New York Large and Small Groups:** Each member that is part of a group that has requested a contract without contraceptive coverage for religious tenets has the right to directly purchase such coverage through a separate contract rider.
- For additional information regarding preventive contraceptive coverage, refer to the policy titled [Preventive Care Services](#).

## **DEFINITIONS**

Terminology	Applicable State	Definition
<b>Contraceptives</b>	All	Chemical, physical or barrier methods or devices used to prevent conception.
<b>Religious Employer</b>	CT	An employer that is a "qualified church-controlled organization" as defined in 26 USC 3121 or a church-affiliated organization.
	NJ	An employer that is a church, convention or association of churches or any group or entity that is operated, supervised or controlled by or in connection with a church or a convention or association of churches as defined in 26 U.S.C. s.3121(w)(3)(A), and that qualifies as a tax-exempt organization under 26 U.S.C. s.501(c)(3).
	NY	An employer for which each of the following are true: <ul style="list-style-type: none"><li>• The inculcation of religious values is the purpose of the entity; the entity primarily employs persons who share the religious tenets of the entity.</li><li>• The entity serves primarily persons who share the religious tenets of the entity.</li><li>• The entity is a nonprofit organization as described in Section 6033(a)(2)(A)i or iii, of the Internal Revenue Code of 1986, as amended.</li></ul>
<b>Religious Employer - PPACA</b>	All	An organization that is organized and operates as a nonprofit entity and is referred to in section 6033(a)(3)(A)(i) or (iii) of the Internal Revenue Code of 1986, as amended.

## REFERENCES

45 CFR §147.130 (2018)

45 CFR §147.131 (January 1, 2017)

American Medical Association. Current Procedural Terminology: CPT Professional Edition.

American Medical Association. Healthcare Common Procedure Coding System. Medicare's National Level II Codes HCPCS.

C.G.S.A §38a-503e; C.G.S.A §38a-530e (2002); PA 99-79.

CT ST 38a-530e(f).

Del.Code Ann.Tit 18§ 3559 (2002) Reversible Contraceptives.

N.Y. Ins. §4303 (cc) (McKinney 2002).

NJSA 17B:27-46.1 x(b).

NY INS 3221 (1)(16)(A)(1).

Oxford Certificate of Coverage and Member Handbook.

Women's Preventive Services: Required Health Plan Coverage Guidelines: <http://www.hrsa.gov/womensguidelines/>

## POLICY HISTORY/REVISION INFORMATION

Date	Action/Description
08/01/2018	<ul style="list-style-type: none"> <li>• Changed policy type classification from "Clinical" to "Administrative"</li> <li>• Revised coverage rationale:               <ul style="list-style-type: none"> <li>○ Removed/replaced language indicating:                   <ul style="list-style-type: none"> <li>▪ According to the United States Preventive Services Task Force (USPSTF), reasonable cost controlling techniques such as tiering, exclusions and step therapy can be utilized to implement coverage</li> </ul> </li> <li>○ Added language to indicate:                   <ul style="list-style-type: none"> <li>▪ Under the Health Care Reform Law, health plans may use reasonable medical management techniques to determine the frequency, method, treatment, or setting for FDA approved female contraceptive methods to the extent not specified in the relevant recommendation or guideline</li> </ul> </li> <li>○ Updated language pertaining to contraceptive procedures, appliances, devices and injectable drugs provided in a physician's office:                   <ul style="list-style-type: none"> <li>▪ Modified list of examples of injectable contraceptive drugs; removed "Lunelle"</li> <li>▪ Modified notation pertaining to Religious Employers to clarify:                       <ul style="list-style-type: none"> <li>- "Religious Employer" is defined in the state-specific <i>Definition</i> section of the policy</li> <li>- Members of New York Large and Small groups who have requested contracts without contraceptive coverage for religious tenets have the right to directly purchase such coverage <i>through a separate contract rider</i></li> </ul> </li> </ul> </li> </ul> </li> <li>• Updated definition of "Religious Employer" for New Jersey plans</li> <li>• Updated supporting information to reflect the most current references</li> <li>• Archived previous policy version PHARMACY 015.26 T0</li> </ul>