

Contraceptive Management

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Disclaimer

Highmark Health Options medical policy is intended to serve only as a general reference resource regarding coverage for the services described. This policy does not constitute medical advice and is not intended to govern or otherwise influence medical decisions.

POLICY STATEMENT

Contraceptive management refers to the use of reversible or permanent methods of contraception such as contraceptive devices, implants, medications, injections, and related services (e.g., insertion/removal of an implant or IUD) for the prevention of pregnancy. Abortion procedures are not considered to be contraceptive management services.

DEFINITIONS

Highmark Health Options (HHO) – Managed care organization serving vulnerable populations that have complex needs and qualify for Medicaid. Highmark Health Options members include individuals and families with low income, expecting mothers, children, and people with disabilities. Members pay nothing to very little for their health coverage. Highmark Health Options currently services Delaware Medicaid: Delaware Healthy Children Program (DHCP) and Diamond State Health Plus members.

POLICY POSITION

1. Delaware mandate

Effective 07/12/2018, 18 Delaware Code, Sections 3342A and 3559 require that group insurance policies and plans which provide coverage for outpatient prescription drugs shall also provide coverage for all outpatient prescription contraceptive drugs and devices approved by the Food and Drug Administration (FDA). Related outpatient contraceptive services such as: medically necessary consultations, examinations, procedures, insertions and deletions of a device, and medical services related to the use of contraceptive methods to prevent unplanned pregnancy must be covered.

This law is applicable to individual and group fully insured health benefit plans, including both small groups and large groups, Medicaid plans, and the State of Delaware Employee Group Health Insurance Program plans. The law is not applicable to self-funded ASO groups, with the exception of the State of Delaware Employee Group Health Insurance Program.

A religious employer shall be granted an exclusion from coverage under the policy for the insertion and removal and medically necessary examination associated with the use of FDA-approved drugs or devices if the required coverage conflicts with the religious organization's bona fide religious beliefs and practices.

2. When contraceptive management services are provided for contraceptive purposes, or for reasons other than contraceptive purposes, the following may be considered medical necessary:
 - ALL FDA-approved contraceptive drugs, devices, and other products as follows:
 - If the FDA has approved one (1) or more therapeutic equivalents of a contraceptive drug, device, or product, the plan is not required to include all such therapeutically equivalent versions in its formulary as long as at least one (1) is included and covered without cost-sharing.
 - If there is a therapeutic equivalent of a drug, device, or other product for an FDA-approved contraceptive method, the plan may provide coverage for more than one (1) drug, device, or other product and may impose cost-sharing requirements as long as at least one (1) drug, device, or other product for that method is available without cost-sharing.
 - If an individual's attending provider recommends a particular FDA-approved contraceptive based on a medical determination with respect to that individual, regardless of whether the contraceptive has a therapeutic equivalent, the plan must provide coverage for the prescribed contraceptive drug, device, or product without cost-sharing.
 - FDA-approved emergency contraception available over-the-counter, whether with a prescription or dispensed consistent with Delaware's pharmacy laws.
 - A prescription for contraceptives intended to last for no more than a 12-month period. The prescription may be dispensed all at once or over the course of the 12-month period, at the election of the individual, regardless of whether the covered individual was enrolled in the plan at the time the prescription contraceptive was first dispensed.
 - Voluntary female sterilization procedures.
 - Immediate postpartum insertion of long-acting reversible contraception.
 - Patient education and counseling on contraception.
 - Follow-up services related to the drugs, devices, products, and procedures covered under the Act, including management of side effects, counseling for continued adherence, and device insertion and removal.
 - Contraceptive drugs, devices, products, and procedures as prescribed by a provider for reasons other than contraceptive purposes, including decreasing the risk of ovarian cancer, eliminating symptoms of menopause, or providing contraception that is necessary to preserve the life or health of the covered individual.
 - Coverage is not required for male condoms.
 - Covered individuals include covered spouses and covered dependents.
 - Coverage may not be subject to deductibles, coinsurance, copayment, or any other cost-sharing requirement, except:
 - If there is a therapeutic equivalent of a drug, device, or other product for an FDA-approved contraceptive method, the health benefit plan may provide coverage for more than one (1) drug, device, or other product and may impose cost-sharing requirements as long as at least one (1) drug, device, or other product for that method is available without cost-sharing; or
 - If federal law requires deductibles, coinsurance, copayment, or any other cost-sharing requirement, a plan may impose those cost-sharing requirements.

ELIGIBLE PROCEDURE CODES

CPT codes	Description
11976	Removal, implantable contraceptive capsules.
11981	Insertion, non-biodegradable drug delivery implant.
11982	Removal, non-biodegradable drug delivery implant.
11983	Removal with reinsertion, non-biodegradable drug delivery implant.
57170	Diaphragm or cervical cap fitting with instructions.
58300	Insertion of intrauterine device (IUD).
58301	Removal of intrauterine device (IUD).
J1050	Injection, medroxyprogesterone acetate, 1 mg.
J7296	Levonorgestrel-releasing intrauterine contraceptive system, (kyleena), 19.5 mg.
J7297	Levonorgestrel-releasing intrauterine contraceptive system, 52 mg, 3 year duration.
J7298	Levonorgestrel-releasing intrauterine contraceptive system, 52 mg, 5 year duration.
J7300	Intrauterine copper contraceptive.
J7301	Levonorgestrel-releasing intrauterine contraceptive system, 13.5 mg.
J7307	Etongestrel (contraceptive) implant system, including implant and supplies.

A prior authorization is not required for these procedures.

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POLICY UPDATE HISTORY

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