

U of M - Contraceptive devices and sterilization

Applies to:



Blue Cross
Blue Shield
of Michigan

A nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association

Medicare Plus BlueSM PPO Medicare Plus BlueSM Group PPO Both

U of M - Contraceptive devices and sterilization

Contraception (e.g., birth control, prevention of pregnancy) is the means by which an individual uses methods that will prevent pregnancy. Methods of contraception include barrier methods, non-hormonal contraception, hormonal contraception, and permanent surgical sterilization. Methods of contraception vary in their effectiveness, and some have associated complications.

Sterilization refers to any medical procedure, treatment or operation for the sole purpose of rendering an individual permanently incapable of reproducing and not related to the repair of a damaged/dysfunctional body part.

Original Medicare

Original Medicare covers sterilization only for the necessary treatment of an injury or illness, such as:

- The removal of a uterus or removal of diseased ovaries (bilateral oophorectomy) because of a tumor.
- Bilateral orchiectomy in the case of prostate cancer.

Original Medicare excludes coverage for:

- Contraceptive devices, surgical procedures related to contraceptive devices, and all contraceptive injectables when the primary objective is to achieve sterilization.
- When there's no pathological evidence of the necessity to perform any of these procedures to treat an illness or injury.

Medicare Plus BlueSM PPO enhanced benefit

Medicare Plus Blue is a Medicare Advantage plan that provides at least the same level of benefit coverage as Original Medicare (Part A and Part B) and may provide enhanced benefits beyond the scope of Original Medicare within a single health care plan. This flexibility allows Blue Cross to offer enriched plans by using Original Medicare as the base program and adding desired benefit options.

Coverage for contraceptive devices and sterilization services is provided to members under the University of Michigan Medicare Plus Blue plan. Because Original Medicare limits coverage for this benefit, the group determines the scope of the benefit, reimbursement methodology, maximum allowed payment amounts and member cost sharing.

Hormonal contraception

Hormonal contraceptives include pills, injections, rings, patches, implants and intrauterine devices.

Oral contraceptive pills

The most common form of hormonal contraception is oral pills, which come in two varieties: a combined hormonal contraceptive pill, which contains estrogen and progesterone; and the progestin only pill which contains progesterone. The combination pill is composed of one type of estrogen (ethinyl estradiol), in various strengths; and many different forms and strengths of progestins. The progestin only pill is only available in one strength and one type of progestin.

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Injection

The injection of depot-medroxyprogesterone acetate (DMPA) provides protection against pregnancy for up to three months.

Vaginal ring

The vaginal ring is placed in the upper vagina. It releases estrogen and progesterone continuously. It is worn for 21 days, removed for seven, and then replaced with a new ring.

Skin patch

The contraceptive skin patch is a weekly method of birth control that releases estrogen and progesterone through the skin and into the bloodstream. The patch follows a 28-day cycle. A patch is worn weekly for three weeks, then removed for a week.

Implant

The contraceptive implant is a flexible, thin, rod about the size of a matchstick that is placed under the skin of the upper arm. It releases a slow, steady dose of progesterone. The FDA has approved the implant for up to three years.

Intrauterine device - hormonal

The intrauterine device is a small, T-shaped device that is placed inside the uterus to prevent pregnancy. There are four IUDs that release levonorgestrel, a progestin, into the uterus. The FDA approves the use of these IUDs between three to seven years, depending on the specific device. The IUD is more effective than most forms of birth control.

Emergency contraception

Emergency contraception, also known as postcoital contraception, is therapy used to prevent pregnancy after unprotected or inadequately protected sexual intercourse. Common indications for emergency contraception include contraceptive failure (e.g., condom breakage or missed doses of oral contraceptives) and failure to use any form of contraception. Methods of emergency contraception include oral administration of combined estrogen-progestin, progestin only, or selective progesterone receptor modulators.

Non-hormonal contraception

Barrier methods

These methods physically prevent sperm from reaching the egg. Some methods may also protect against certain sexually transmitted diseases. Barrier methods include spermicides, condoms, diaphragm, cervical cap (Lea's Shield, FemCap), and a vaginal sponge with spermicide.

Intrauterine device – non-hormonal

The intrauterine device (IUD) is a small, T-shaped device that is placed inside the uterus to prevent pregnancy. Five IUDs are currently marketed in the United States: the copper containing IUD, and four hormone-releasing intrauterine devices (see section below). The copper IUD is made of polyethylene wrapped with copper wire around the stem and arms. Studies indicate that the copper IUD disrupts sperm motility and viability. The U.S. Food and Drug Administration (FDA) has approved use of the copper IUD for up to 10 years.

Sterilization

Sterilization is the method of birth control that permanently prevents pregnancy.

- Sterilization in individuals with vasa deferentia is performed by a vasectomy, where the vas deferens tubes are most often cut and cauterized, to prevent the release of sperm into the semen.
- Sterilization in individuals with a uterus is accomplished by tubal occlusion, in which transit of the egg from the ovary to the uterus is prevented by an interruption in the fallopian tubes. This is performed by removing a section of each tube or by closing off the tubes (clip or band occlusion, or cauterization). Sterilization can also be accomplished by removal of both tubes. Complete removal of the tubes has the advantage to possibly reduce the risk of ovarian cancer. The procedure may be performed via laparoscopy, mini-laparotomy, or at the time of a cesarean delivery.

Inclusionary and exclusionary guidelines (clinically based guidelines that may support individual consideration and prior authorization decisions)

NOTE: Contraceptive or sterilization coverage is based on the member's certificate benefits. These services may not be covered on all certificates.

Inclusions:

- FDA approved contraceptive drugs or devices, prescribed by a qualified health care provider
- Vasectomy performed in the office setting
- Sterilization procedures in individuals with a uterus

Exclusions:

- Contraceptive drugs or devices that are not FDA approved
- Vasectomy in an outpatient facility

Conditions for payment

The table below specifies payment conditions for contraceptive devices and sterilization.

Conditions for payment	
Eligible provider	M.D., D.O., physician assistant, nurse practitioner, registered nurse, clinical specialist
Payable location	Inpatient hospital, outpatient hospital, office
Frequency	No restrictions
CPT/HCPCS codes	Contraceptive devices 58300, A4261, A4266, J1050, J2760, J7294, J7295, J7297, J7298, J7300, J7301, J7304, J7306, J7307, S4981, S4989 Sterilization 0567T, 0568T, A4264 (bundled), 58565, 55250, 58600, 58605, 58611, 58615, 58670, 58671
Diagnosis restrictions	No restrictions
Age restrictions	No restrictions

Reimbursement

Medicare Plus Blue plans' maximum payment amount to providers for contraceptive devices and sterilization is available on our provider website on the Medicare Plus Blue enhanced benefits [fee schedule](#). The provider will be paid the lesser of the allowed amount or the provider's charge, minus the member's cost share. This represents payment in full and providers aren't allowed to bill the member for the difference between the allowed amount and the charge.

Member cost sharing

- Medicare Plus Blue providers should collect the applicable cost sharing from the member at the time of the service when possible. Cost sharing refers to a flat dollar copayment, a percentage coinsurance or a deductible. Providers can only collect the appropriate Medicare Plus Blue cost-sharing amounts from the member.
- If the member elects to receive a noncovered service, he or she is responsible for the entire charge associated with that service.
- Providers may not have members sign an Advance Beneficiary Notice to accept financial responsibility for noncovered items or services. If there is any question about whether an item or service is covered, seek a coverage determination from Blue Cross before providing the item or service to the member. If a provider provides a noncovered item or service to a member without first obtaining a coverage determination, the member must be held harmless for all charges except for any applicable cost share.

To verify benefits and cost share, providers may utilize our provider portal or call 1-866-309-1719.

Billing instructions for providers

1. Bill services on the CMS 1500 (02/12) claim form for all payable locations, except for Federally Qualified Health Center (FQHC) providers; which should be billed on the CMS UB-04 claim form.
2. Use the Medicare Advantage PPO unique billing requirements.
3. Report CPT/HCPCS codes and diagnosis codes to the highest level of specificity.
4. Report your National Provider Identifier number on all claims.
5. Submit claims to your local Blue Cross plan.

6. Use electronic billing:
 - a. Michigan providers
Copies of the ANSI ASCX 12N 837 and 835 Institutional Health Care Claim Payment/Advice (Blue Cross Electronic Data Interchange (EDI) Institutional 837/835 Companion Documents) are available on the Blue Cross website under the reference library section at bcbsm.com/providers/help/edi.
 - b. Providers outside of Michigan should contact their local Blue Cross plan.

Revision history

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Reviewed:

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