

U of M - Contraceptive devices and sterilization

Applies to:

- BCN Advantage Individual BCN Advantage Group Both

BCN Advantage HMOSM
BCN Advantage HMO-POSSM



Medicare and more

Blue Care Network of Michigan is a nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association.

Contraceptive devices and sterilization

Contraception (i.e., 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.

BCN Advantage enhanced benefit

BCN 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 Care Network to offer enriched plans by using Original Medicare as the base program and adding desired benefit options.

Coverage for contraceptive devices and sterilization related services are provided to members under the University of Michigan BCN Advantage group plan. Because Original Medicare limits coverage for this benefit, the group determines the scope of the benefit, reimbursement methodology, maximum payment amounts, and the member's 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

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

Conditions for payment	
Eligible providers	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	

Reimbursement

To find BCN Advantage plan's maximum payment amount for contraceptive devices and sterilization, visit our provider portal, [Availity Essentials](#). Within Secure Provider Resources, click on BCN Fee Schedules under the *Fee Schedules* tab and follow the instructions. The provider will be paid the lesser of this 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 share

- BCN Advantage providers should collect the applicable cost share from the member at the time of the service, when possible. Cost share refers to a flat dollar copayment, a percentage coinsurance or a deductible. Providers can only collect the appropriate BCN Advantage cost share 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 of Noncoverage to accept financial responsibility for noncovered items. If there is any question about whether an item is covered, seek a coverage determination from Blue Care Network before providing the item to the member. If a provider issues a noncovered item 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 use our provider portal or call 1-800-344-8525.

Billing instructions for providers

1. Bill services on the CMS 1500 (02/12) claim form, UB 04 or the 837 equivalent claim form.
2. Use the BCN Advantage 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. Use electronic billing:
 - a. **Michigan Providers:** Copies of the ANSI ASC X 12N 837 and 835 Institutional Health Care Claim and 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 bcsm.com/providers/help/edi/.
 - b. **Providers outside Michigan:** Members of BCN Advantage HMO-POS plans have a point-of-service benefit offered through the nationwide network of Blue Plan Providers via the Blue Cross and Blue Shield Association. Providers outside Michigan who participate with Blue plans can provide preauthorized routine and follow-up care as necessary. Contact your local Blue plan for billing instructions.

Coverage outside Michigan for members of BCN Advantage HMO plans is limited to medical emergencies, urgently needed services and renal dialysis unless BCN Advantage has approved the out-of-network services, which members must request in advance.

6. Send paper claims to:

BCN Advantage Claims
Blue Care Network
P.O. Box 68753
Grand Rapids, MI 49516-8753

Revision history

Policy number: BCNA

Effective: 01/01/2024

Reviewed:

Revised:

References:

National Coverage Determination- [Sterilization](#)

Local Coverage Article – [Sterilization](#)