

Medical Coverage Policy



**Blue Cross
Blue Shield**
of Rhode Island

Contraceptive Drugs and Devices Mandate

Device/Equipment Drug Medical Surgery Test Other

Effective Date:	1/1/2001	Policy Last Updated:	2/19/2013
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Prospective review is recommended/required. Please check the member agreement for preauthorization guidelines.

Prospective review is not required.

Description:

This policy describes Rhode Island General Law 27-20-43 that requires insurer's coverage of FDA-Approved Prescription Contraceptive Drugs and Devices as stated below.

"(a) Every individual or group health insurance contract, plan, or policy that provides prescription coverage and is delivered, issued for delivery, or renewed in this state shall provide coverage for F.D.A. approved contraceptive drugs and devices requiring a prescription. Provided that nothing in this subsection shall be deemed to mandate or require coverage for the prescription drug RU 486.

(b) Notwithstanding any other provision of this section, any medical service corporation may issue to a religious employer an individual or group health insurance contract, plan, or policy that excludes coverage for prescription contraceptive methods which are contrary to the religious employer's bona fide religious tenets.

(c) As used in this section, "religious employer" means an employer that is a "church or a qualified church-controlled organization" as defined in 26 U.S.C. § 3121.

(d) Every religious employer that invokes the exemption provided under this section shall provide written notice to prospective enrollees prior to enrollment with the plan, listing the contraceptive health care services the employer refuses to cover for religious reasons.

FDA-Approved Prescription Contraceptive Drugs and Devices according to the Mandate:

The above mandate requires insurers to cover FDA approved drugs and devices for contraception that require a prescription. This mandate pertains to the following types of contraceptive drugs and devices:

- Intrauterine device (IUD)
- Hormonal-releasing IUD
- Vaginal contraceptive ring

- Diaphragm, cervical cap/shield
- Hormonal implant systems
- Injectable contraceptives
- Oral contraceptives
- Contraceptive patch
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Medical Criteria:

Not applicable, this is a mandate policy.

Policy:

Emergency contraception (EC), also known as backup birth control and the morning after pill, is available at pharmacies (e.g., brand names Plan B and Next Choice).

- EC is covered for Individuals 17 years of age and under and requires a prescription and will be covered under the member's pharmacy benefit.
- EC is not covered for Individuals 17 years of age and older as it is an over-the-counter (OTC) product.

Note: Coverage of the drug known as RU486, also known as Mifeprex (generic name: mifepristone) is not required under the mandate. For information regarding coverage of RU486 for all lines of business, please refer to the Termination of Pregnancy policy at <https://www.bcbsri.com/sites/default/files/polices/TerminationofPregnancy.pdf>

Coverage:

Benefits may vary between groups/contracts. Please refer to the appropriate Evidence of Coverage or Subscriber Agreement for applicable contraceptive drugs and devices coverage/benefits.

BlueCHiP for Medicare

Rhode Island mandated benefits generally do not apply to Plan 65, FEHBP, and Medicare Advantage. In this policy, coverage is included for BC for Medicare. While traditional Medicare does not cover contraceptives, in many instances BCBSRI policies offer more benefits than does Medicare. The policy does not address Medicare Part "D" benefits.

Over-the-counter Supplies:

All BCBSRI products deny coverage for foam, condoms, spermicidal cream/jelly, and sponges as they are over-the-counter purchases.

Coding:

The following codes are covered for all BCBSRI products including BlueCHiP for Medicare:

11976

11981

57170

58300

58301
J1050
J7300
J7302
J7306
J7307

The following codes are not covered for BlueCHIP for Medicare only.

A4261 Cervical cap for contraceptive use
A4266 Diaphragm for contraceptive use

The following code is not separately reimbursed:

S4989 Contraceptive intrauterine device (e.g., Progestacert IUD), including implants and supplies

The following codes are covered under the Pharmacy Benefit:

S4993 Contraceptive pills for birth control (use alternate code)
J7303 Contraceptive supply, hormone containing vaginal ring, each
J7304 Contraceptive supply, hormone containing patch, each

Related policies:

Termination of Pregnancy

<https://www.bcbsri.com/sites/default/files/policies/TerminationofPregnancy.pdf>

Preventive Services BlueCHIP Medicare

<https://www.bcbsri.com/sites/default/files/policies/PreventativeServicesBlueCHIPMedicare.pdf>

Preventive Services for Commercial Members

https://www.bcbsri.com/sites/default/files/policies/preventive-services-for-commercial_0.pdf

Published:

Provider Update, May 2013
Provider Update, April 2012
Provider Update, March 2011
Provider Update, March 2010
Provider Update, April 2009
Provider Update, March 2008
Policy Update, March 2007
Policy Update, March 2006
Policy Update, August 2001
Policy Update, April 2001
Policy Update, October 2000

References:

Rhode Island General Law (RIGL) 27-20-43:F.D.A. approved prescription contraceptive drugs and devices. <http://www.rilin.state.ri.us/Statutes/TITLE27/27-20/27-20-43.HTM>

FDA Office of Women's Health, Birth Control Guide

<http://www.fda.gov/downloads/ForConsumers/ByAudience/ForWomen/FreePublications/UCM282014.pdf>

Review History:

2/19/13: Annual review of the policy.

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This medical policy is made available to you for informational purposes only. It is not a guarantee of payment or a substitute for your medical judgment in the treatment of your patients. Benefits and eligibility are determined by the member's subscriber agreement or member certificate and/or the employer agreement, and those documents will supersede the provisions of this medical policy. For information on member-specific benefits, call the provider call center. If you provide services to a member which are determined to not be medically necessary (or in some cases medically necessary services which are non-covered benefits), you may not charge the member for the services unless you have informed the member and they have agreed in writing in advance to continue with the treatment at their own expense. Please refer to your participation agreement(s) for the applicable provisions. This policy is current at the time of publication; however, medical practices, technology, and knowledge are constantly changing. BCBSRI reserves the right to review and revise this policy for any reason and at any time, with or without notice.