

Clinical Policy: Women's Preventive Health Care — Contraception



Reference Number: QCP.PP.011
Effective Date: 08/01/2012
Date of Last Revision: 01/01/2023

CPT Codes: A4261, A4264, A4266, J1050, J2675, J7296-J7297, J7298, J7300, J7301, J7303, J7304, J7306, J7307, S4981, S4989, S4993, 00840, 00851, 11976, 11980, 11981, 11982, 11983, 57170, 58300, 58301, 58340, 58565, 58600, 58605, 58611, 58615, 58661, 58670, 58671, 74740, 76857, 96372, 99201, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99384, 99385, 99386, 99394, 99395, 99396
Document: BI372:00

Public Statement

Effective Date:

- a) This policy will apply to all services performed on or after the above revision date which will become the new effective date.
- b) For all services referred to in this policy that were performed before the revision date, contact customer service for the rules that would apply.

A. General provisions:

1. Some QualChoice administered plans do not cover contraceptive techniques. Others may have restricted coverage for contraception, limited to certain techniques. This could be the case, for example, if your employer group is a religious organization. You should check your coverage document to verify coverage under your plan.
2. Beginning on your plan's first renewal date with QualChoice on or after August 1, 2012, coverage for certain birth control measures will be provided without member cost share as more fully described below.
3. In order for the benefits described in this policy to apply to you, your plan must be a non-grandfathered health plan or a grandfathered plan being administered by QualChoice as a non-grandfathered plan.
4. Consult your plan documents by logging into www.qualchoice.com and select Benefit Booklet.

B. The following medical services are covered without member cost share:

1. Removal of long acting contraception, such as Implanon
2. Tubal ligations and associated services; this includes salpingectomy or use of tubal occlusion devices, such as Essure.
3. Insertion or implantation of birth control pellets and capsules.
4. Fitting and insertion of diaphragms, rings and caps.
5. Injection of long acting contraceptives.

Clinical Policy: Women's Preventive Health Care — Contraception



C. The following prescription birth control methods and devices are covered without member cost share:

1. Contraceptives covered under the pharmacy benefit that are labeled HCR on the formulary.
2. Generic medroxyprogesterone acetate injection
3. Caps and diaphragms
4. Emergency contraceptives (e.g. Plan B, Ella)

D. The following services and prescriptions are not covered:

1. Abortion or abortifacient drugs
2. Reversal of permanent contraceptive procedures, for example, reversal of tubal ligation
3. Birth control methods that are available without a prescription

E. The following services are covered under the standard medical benefit:

1. Vasectomies
2. Additional procedures are not covered without cost share. For example, if a tubal ligation is performed at the same time as delivery of a baby, only the specific tubal procedure is covered without cost share.

F. Out-of-network services and prescription birth control methods and devices may be non-covered or subject to cost-share. Consult your plan documents.

For other preventive care services, please see BI062.

Medical Statement

A. Some QualChoice administered plans do not cover contraceptive techniques. Others may have restricted coverage for contraception, limited to certain techniques. This could be the case, for example, if the employer group is a religious organization.

B. For plans that cover contraception without member cost share, the following provisions apply:

1. The following codes are covered without member cost share when used with the appropriate/corresponding ICD-10 Diagnosis codes:

- a) A4261 – Cervical cap for contraceptive use
- b) A4264 – Permanent implantable intratubal occlusion device
- c) A4266 – Diaphragm contraceptive
- d) J1050 – Medroxyprogesterone Acetate Inj, 1 mg
- e) J2675 – Progesterone Inj, 50 mg
- f) J7297 – Levonorgestrel IUD, 3 yr (Liletta)
- g) J7298 – Levonorgestrel IUD, 5 yr (Mirena)
- h) J7300 – Copper IUD
- i) J7301 – Skyla IUD
- j) J7303 – Hormone containing vaginal ring contraceptive

Clinical Policy: Women's Preventive Health Care — Contraception

- k) J7304 – Hormone containing patch contraceptive
- l) J7306 – Levonorgestrel implant system
- m) J7307 – Etonogestrel implant system
- n) J7296 – Kyleena IUD
- o) S4981 – Insertion of progesterone containing IUD
- p) S4989 – Progestasert IUD, or other IUD
- q) S4993 – Birth control pills
- r) 00840 – Anesthesia for intraperitoneal proc in lower abdomen incl laparoscopy; NOS
- s) 00851 – Anesthesia for intraperitoneal proc in lower abdomen incl laparoscopy; tubal ligation/transection
- t) 11976 – Removal implantable contraceptive capsules (only with 11981)
- u) 11980 – Subcutaneous hormone pellet implantation
- v) 11981 – Insertion, non-biodegradable drug delivery implant
- w) 11982 – Removal, non-biodegradable drug delivery implant (with Z30.46)
- x) 11983 – Removal & reinsertion, non-biodegradable drug delivery implant
- y) 57170 – Fitting of diaphragm
- z) 58300 – Insertion of IUD
- aa) 58301 – Removal of IUD
- bb) 58340 – Catheterization and introduction of saline or contrast material for saline infusion sonohysterography (SIS) or hysterosalpingography is covered one time when performed within 120 days of 58565 (same DOS as 58300).
- cc) 58565 – Hysteroscopy and tubal ablation
- dd) 58600 – Ligation/transection of fallopian tube(s), abd or vag approach, unilat or bilat
- ee) 58605 – Ligation/transection of fallopian tube(s), abd or vag approach, postpartum, unilat or bilat, during same hospitalization (sep procedure)
- ff) 58611 – Ligation/transection of fallopian tubes at time of Cesarean delivery or intra-abd surgery (not a separate procedure—listed in addition to primary procedure)
- gg) 58615 – Occlusion of fallopian tube(s) by device vaginal or suprapubic approach
- hh) 58661 – Laparoscopic salpingectomy
- ii) 58670 – Surgical laparoscopy w/fulguration of oviducts (+/- transection)
- jj) 58671 – Surgical laparoscopy; w/occlusion of oviducts by device
- kk) 74740 – Hysterosalpingography, radiological supervision and interpretation is covered one time when performed within 120 days of 58565
- ll) 76857 – Pelvic Ultrasound
- mm) 96372 – Therapeutic, prophylactic or diagnostic injection
- nn) 99202 – 99205 – New patient office visit (*code 99201 replaced by 99202 eff 01-01-2021*)
- oo) 99212 – 99215 – Established patient office visit
- pp) 99384 – 99386 – New patient preventive care visit, age 12 – 64
- qq) 99394 – 99396 – Established patient preventive care visit, age 12 - 64

2. The following codes are covered under the standard medical benefit: 3/12/24, 7:57 AM
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Clinical Policy: Women’s Preventive Health Care — Contraception



- a) 58301 – Removal of IUD (unless followed by 58300)
- b) 11976 – Removal of implantable contraceptive capsules (unless followed by 11981)
- c) 11982 – Removal, non-biodegradable drug delivery implant
- 3. Prescriptions for birth control items will be covered without member cost share based on the following criteria, otherwise will be covered under the standard prescription benefit:
 - a) All oral contraceptives in tiers 1 and 2 in the formulary
 - b) Ortho Evra patch
 - c) Generic medroxyprogesterone acetate injection.
 - d) Nuvaring
 - e) Emergency contraceptives (e.g. Plan B, Ella).
- 4. Condoms are not covered.
- 5. Vasectomies are covered under the standard medical benefit.
- 6. Tubal ligations and tubal occlusions are covered without cost share.
 - a) Additional procedures are not covered without cost share. For example, if a tubal ligation is performed at the same time as delivery of a baby, only the specific tubal procedure is covered without cost share.

Codes Used In This BI:

A4261	Cervical cap for contraceptive use
A4264	Permanent implantable intratubal occlusion device
J1050	Medroxyprogesterone Acetate Inj, 1 mg
J2675	Progesterone Inj, per 50 mg
J7296	Kyleena IUD (new 1/1/18)
J7297	Levonorgestrel IUD, 3 yr (Liletta)
J7298	Levonorgestrel IUD, 5 yr (Mirena)
J7300	Copper IUD
J7301	Skyla IUD

Clinical Policy: Women’s Preventive Health Care — Contraception



J7302	Mirena IUD (deleted 1/1/16)
J7303	Hormone containing vaginal ring contraceptive
J7304	Hormone containing patch contraceptive
J7306	Levonorgestrel implant system
J7307	Etonogestrel implant system
Q9984	Kyleena IUD (deleted 1/1/18)
S4981	Insertion of progesterone containing IUD
S4989	Progestasert IUD, or other IUD
S4993	Birth control pills
00840	Anesthesia for lower abdominal procedure NOS
00851	Anesthesia for tubal ligation
11976	Removal implantable contraceptive capsules
11980	Subcutaneous hormone pellet implantation
11981	Insertion, non-biodegradable drug delivery implant
11982	Removal, drug delivery implant
11983	Removal & reinsertion, drug delivery implant
57170	Fitting of diaphragm
58300	Insertion, IUD
58301	Removal of IUD

Clinical Policy: Women’s Preventive Health Care — Contraception

58340	Catheterization & intro of saline or contrast material for saline infusion sonohysterography (SIS) or hysterosalpingography
58565	Hysteroscopy and tubal ablation
58600	Ligation of fallopian tubes
58605	Ligation of fallopian tubes
58611	Ligate/transect fallopian tubes at time of Cesarean section or intra-abd surgery
58615	Occlusion of fallopian tube(s) by device vaginal or suprapubic approach
58661	Laparoscopic salpingectomy
58670	Laparoscopic fulguration of fallopian tubes +/- transection
58671	Laparoscopic occlusion of fallopian tubes by device
74740	Hysterosalpingography, radiological supervision & interpretation
76857	Pelvic Ultrasound
96372	Therapeutic, prophylactic or diagnostic injection
99202 - 99205	New patient office visit (<i>code 99201 deleted and replaced by 99202 eff 01-01-2021</i>)
99212 - 99215	Established patient office visit
99384 - 99386	New patient preventive care visit, age 12 – 64
99394 - 99396	Established patient preventive care visit, age 12 - 64

Limits

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Clinical Policy: Women's Preventive Health Care — Contraception



Reference

Addendum:

1. **Effective 08/01/2017:** Added new Kyleena IUD HCPCS code and codes for additional sterilization techniques as well as need for corresponding ICD-10 diagnosis codes to determine payment under preventive or medical benefit.
2. **Effective 01/01/2018:** Hysterosalpingography (58340 and 74740) is covered once when performed 90 to 120 days after hysteroscopic tubal obliteration procedure (58565).
3. **Effective 1/1/2018:** 2018 Code Updates. Updated *Claim Statement* section & *Codes Used in This BI* section to reflect new/deleted CPT/HCPCS codes. The following code was deleted 1/1/18: Q9984. This code was replaced with the following new code effective 1/1/18: J7296.
4. **Effective 4/1/2020:** Laparoscopic salpingectomy (58661) covered as preventive for sterilization.
5. **Effective 01/01/2020:** Removal of contraceptive devices is covered without member cost share.
6. **Effective 01-01-2021:** Deleted code 99201 and replaced by 99202. Separated code ranges in the search box to make all codes searchable.
7. **Effective 01/01/2023:** Updated covered contraceptives available at no member cost share under pharmacy benefit.

Application to Products

This policy applies to all health plans and products administered by QualChoice, both those insured by QualChoice and those that are self-funded by the sponsoring employer, unless there is indication in this policy otherwise or a stated exclusion in your medical plan booklet. Consult the individual plan sponsor Summary Plan Description (SPD) for self-insured plans or the specific Evidence of Coverage (EOC) or Certificate of Coverage (COC) for those plans or products insured by QualChoice. In the event of a discrepancy between this policy and a self-insured customer's SPD or the specific QualChoice EOC or COC, the SPD, EOC, or COC, as applicable, will prevail. State and federal mandates will be followed as they apply.