

Policy Number: CP-IFP25-042A

Original Effective Date: April 1, 2025

Family Planning Services

The purpose of this policy is to provide clarity and specificity for family planning coverage.

DISCLAIMER

Coverage Policies are developed to assist in identifying coverage for UCare benefits under UCare's health plans. They are intended to serve only as a general reference regarding UCare's administration of health benefits and are not intended to address all issues related to coverage for health services provided to UCare members.

These services may or may not be covered by all UCare products (refer to product section of individual coverage policy for product-specific detail). Providers are encouraged to have their UCare patient refer to their UCare plan documents (Evidence of Coverage/Member Handbook/Member Contract) for specific coverage information. If there is a conflict between a coverage policy and the UCare plan document, the UCare plan document is used to determine coverage.

Medical Assistance (Medicaid) products may provide different coverage for certain services, which may be addressed in different policies. For Minnesota Health Care Program (MHCP) policies, please consult the MHCP Provider Manual website.

Medicare products may provide different coverage for certain services, which may be addressed in different policies. For Medicare National Coverage Determinations (NCD), Local Coverage Determinations (LCD), and/or Local Coverage Articles, please consult CMS, National Government Services, or CGS websites.

Coverage Policies do not constitute medical advice. Providers are responsible for submission of accurate and compliant claims.

Product Summary

This coverage policy applies to the following UCare products:

UCare product	Applies to
UCare Individual & Family Plans (IFP), UCare IFP with M Health Fairview	✓
UCare Medicare Plans, UCare Medicare with M Health Fairview & North Memorial Health, UCare Advocate Plus (HMO I-SNP), EssentiaCare	
UCare's Minnesota Senior Health Options (MSHO) (HMO D-SNP)	
UCare Connect + Medicare (HMO D-SNP)	
UCare Connect (SNBC)	
Prepaid Medical Assistance Program (PMAP), MinnesotaCare	
Minnesota Senior Care Plus (MSC+)	

Benefit category:

Multiple benefit categories apply and may include Hospital Inpatient Services; Hospital Outpatient Care, Office Visits (primary care or specialist), Emergency Room. For medication coverage, refer to UCare IFP formulary.

Definitions or summary

- **Family planning service:** Education and counseling for the voluntary prevention or planning of conceiving and bearing children. Includes screening, testing and counseling for sexually transmitted diseases (STD's).
- **Over the counter (OTC)** contraceptives must be FDA-approved, prescribed by a physician or other provider, and on Ucare's IFP formulary.

Coverage policy

Some services related to family planning are preventive and may be covered with no member cost sharing, including contraceptive services.

Family planning services are covered at the same benefit level for in-network and non-network providers.

Covered

Preventive family planning services covered with no cost share include:

- Various FDA-approved contraceptives from a pharmacy (refer to IFP formulary)
 - Up to 12-month supply of contraceptives
 - Over-the-counter (OTC) medications must be prescribed and on IFP formulary
- * If a provider recommends a female contraception method that is not covered, prior authorization (approval in advance) is needed. The provider must state why the method is medically necessary, and why covered alternatives are not appropriate.
- Contraceptive devices or services given in a provider's office
- Screening of sexually transmitted diseases (STD's) per U.S. Preventive Services Task Force (USPSTF) guidelines
- Tubal ligation

Non-preventive family planning services covered with cost share include:

- Family planning office visits for education and counseling for voluntary prevention or planning a pregnancy
- Non-preventive services provided during the member's visit may be covered as non-preventive or diagnostic
- Members receiving preventive and/or non-preventive (diagnostic) health services in the same visit, the non-preventive (diagnostic) health services may be subject to member cost share
- Pregnancy testing

*Diagnosis and treatment of potential sexually transmitted disease symptoms may be subject to member cost share

Non-covered family planning-related services

- Infertility treatment services
 - Artificial insemination, including in vitro fertilization
 - Fertility drugs, and all associated services
 - Fertility Storage
- Reversal of tubal ligation
- Reversal of vasectomy
- Subscriptions or fees for stand-alone software applications intended to monitor fertility and/or contraception

CPT/ HCPCS/ICD-10 Codes

**Note: If available, codes are listed below for informational purposes only, and do not guarantee member coverage or provider reimbursement. This list may not be all-inclusive.*

CPT®, HCPCS or ICD-10 CODES	Modifier	Narrative Description

*CPT is a registered trademark of the American Medical Association.

Prior authorization

None

Related policies and documentation

References to other policies or documentation that may be relevant to this policy

Policy Number	Policy Description
CP-IFP21-013A	Preventive Services Adults/Women/Children
CP-IFP21-011A	Infertility Diagnosis

References and source documents

Links to the UCare contracts, Center for Medicare and Medicaid Services (CMS), MHCP, Minnesota statute and other relevant documents used to create this policy

[Individual & Family Plan Documents](#)

Individual & Family Plan Formulary <https://www.ucare.org/search-network/formulary/ifp>

U.S. Preventive Services Task Force (USPSTF) A & B ratings
<https://www.uspreventiveservicestaskforce.org/uspstf/recommendation-topics/uspstf-a-and-b-recommendations>

Coverage policy development and revision history

Version	Date	Note(s)
V1	March 13, 2025	New policy