

# Medicare Advantage Medical Policy



Nonprofit corporations and independent licensees  
of the Blue Cross and Blue Shield Association

## Contraception and Voluntary Sterilization – Medicare Advantage

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### Medicare Advantage Plan

- ☒ Medicare Plus Blue<sup>SM</sup>
- ☒ BCN Advantage<sup>SM</sup>

UM Committee Approval Date: 11/26/2025  
Effective Date: 12/26/2025

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### Description

Contraception (i.e., birth control, prevention of pregnancy) is the means by which an individual uses method 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.

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### Related Medical Coverage Policies

- None

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### Policy Guidelines

Blue Cross Blue Shield of Michigan (BCBSM) and Blue Care Network of Michigan (BCN) adhere to guidance from the Centers for Medicare and Medicaid Services (CMS), including when performing organization determinations for Medicare Advantage plan members. CMS Medicare statutes, regulations, manuals, National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), Local Coverage Articles (LCAs) and other sub-regulatory guidance provide the clinical guidelines for coverage determinations, payment integrity functions, and all other uses by CMS regulations. When CMS Medicare guidance is silent, incomplete, or insufficient, CMS permits BCBSM/BCN to utilize “internal coverage criteria”, such as independent criteria, health plan policy research, LCD/LCAs outside the services area or research from independent medical research repositories (i.e., Hayes) for coverage policies 42 CFR § 422.101. BCBSM/BCN internal medical coverage policies are developed and based on current evidence in widely accepted treatment guidelines or clinical literature; in addition, they address how clinical benefits may or may not outweigh member harm.

Clinical review follows guidance provided in the BCBSM Medicare Advantage Coverage Determination Hierarchy policy, which may be found at <https://www.bcbsm.com/providers/mpradmin/> by entering the policy name.

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## Coverage Guidance

To ensure consistency with coverage guidance, the Medicare statutes, regulations, coverage manuals, NCD, LCD, and LCA should be reviewed and applied first. BCBSM/BCN internal coverage criteria should only be applied when CMS guidance is silent, incomplete, or insufficient for a code.

Apart from durable medical equipment (DME), Medicare Administrative Contractor (MAC) jurisdiction for the purpose of clinical determination is based upon place of service. The place of service for laboratory testing is defined as the geographic location of the reference laboratory. Non-jurisdictional LCD/LCAs may not be utilized for a determination unless they have been specifically identified as internal coverage criteria by the policy. Alternatively, jurisdiction for DME MAC is determined by the member place of residence. Please see CMS Medicare Administrative Contractors (MAC) table for state MAC assignments below.

| Code  | Description                                                                                           | CMS Guidance                                                                                                                                                      | Additional Guidance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|-------|-------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 11976 | Removal, implantable contraceptive capsules                                                           | <b>National Coverage Determinations</b><br>230.3<br>Sterilization                                                                                                 | BCBSM/BCN will follow CMS guidance as the primary source for coverage determinations. However, in instances where CMS guidance is silent, incomplete, or insufficient for a particular code, BCBSM/BCN internal coverage criteria will be applied to ensure consistent and informed decision-making.<br><br>In such cases, please refer to the relevant BCBSM/BCN policy for guidance:<br><i>Contraception Including Voluntary Sterilization</i><br><br>To access this policy, please visit the BCBS Michigan Medical Policy Router Search page at <a href="https://www.bcbsm.com/providers/mpradmin/">https://www.bcbsm.com/providers/mpradmin/</a> and enter the policy name in the search field. |
| 11981 | Insertion, drug delivery implant (ie, bioresorbable, biodegradable, non-biodegradable)                | <b>Local Coverage Determinations and Articles</b>                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| 11982 | Removal, non-biodegradable drug delivery implant                                                      | <b>WPS</b><br>A55951 Billing and Coding: Endometrial Hyperplasia Treatment with Intrauterine Device (Hormone-Eluting) [Not an LCD reference article]              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| 11983 | Removal with reinsertion, non-biodegradable drug delivery implant                                     | <b>CGS</b><br>None                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| 55250 | Vasectomy, unilateral or bilateral (separate procedure), including postoperative semen examination(s) | <b>First Coast</b><br>A59619 Billing and Coding: Treatment of Abnormal Uterine Bleeding with Intrauterine Device (Hormone-Eluting) [Not an LCD reference article] |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| 57170 | Diaphragm or cervical cap fitting with instructions                                                   |                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| 58300 | Insertion of intrauterine device (IUD)                                                                | <b>NGS</b><br>L33394 Drugs and Biologicals, Coverage Of, For Label and Off-Label Uses                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| 58301 | Removal of intrauterine device (IUD)                                                                  | A52453 Billing and Coding: Luteinizing Hormone-Releasing Hormone (LHRH) Analogs                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| 58600 | Ligation or transection of fallopian tube(s), abdominal or vaginal approach, unilateral or bilateral  | A59060 Sterilization [Not an LCD reference article]                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |

| Code  | Description                                                                                                                                                                                              | CMS Guidance                                                                                                                                                                                                                                                                     | Additional Guidance |
|-------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|
| 58605 | Ligation or transection of fallopian tube(s), abdominal or vaginal approach, postpartum, unilateral or bilateral, during same hospitalization (separate procedure)                                       | A58649 Billing and Coding: IUD (Hormone-Eluting) for Endometrial Hyperplasia<br><br><b>Noridian JE</b><br>A53356 Sterilization [Not an LCD reference article]<br><br>A55061 Billing and Coding: IUD (Hormone-Eluting) for Endometrial Hyperplasia [Not an LCD reference article] |                     |
| 58611 | Ligation or transection of fallopian tube(s) when done at the time of cesarean section or intra-abdominal surgery (not a separate procedure) (List separately in addition to code for primary procedure) | <b>Noridian JF</b><br>A52960 Sterilization [Not an LCD reference article]<br><br>A55062 Billing and Coding: IUD (Hormone-Eluting) for Endometrial Hyperplasia [Not an LCD reference article]                                                                                     |                     |
| 58615 | Occlusion of fallopian tube(s) by device (e.g., band, clip, Falope ring) vaginal or suprapubic approach                                                                                                  | <b>Novitas</b><br>A59620 Billing and Coding: Treatment of Abnormal Uterine Bleeding with Intrauterine Device (Hormone-Eluting) [Not an LCD reference article]                                                                                                                    |                     |
| 58661 | Laparoscopy, surgical; with removal of adnexal structures (partial or total oophorectomy and/or salpingectomy)                                                                                           | <b>Palmetto</b><br>LCD L39387 Luteinizing Hormone-Releasing Hormone (lhrh) Analogs<br>A59160 Billing and Coding: Luteinizing Hormone-Releasing Hormone (LHRH) Analogs                                                                                                            |                     |
| 58670 | Laparoscopy, surgical; with fulguration of oviducts (with or without transection)                                                                                                                        |                                                                                                                                                                                                                                                                                  |                     |
| 58671 | Laparoscopy, surgical; with occlusion of oviducts by device (e.g., band, clip or Falope ring)                                                                                                            |                                                                                                                                                                                                                                                                                  |                     |
| 58700 | Salpingectomy, complete or partial, unilateral or bilateral (separate procedure)                                                                                                                         |                                                                                                                                                                                                                                                                                  |                     |
| A9293 | Fertility cycle (contraception & conception) tracking software application, FDA cleared, per month, includes accessories (e.g., thermometer)                                                             |                                                                                                                                                                                                                                                                                  |                     |

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The above information is current as of the review date for this policy. However, the coverage issues and policies maintained by CMS are updated and/or revised periodically. Therefore, the most current CMS information may not be contained in this document.

Please refer to the Medicare Coverage Database website at <https://www.cms.gov/medicare-coverage-database/search.aspx> for the most current applicable NCD, LCD, LCA, and CMS Online Manual System Transmittals.

### **CMS Medicare Administrative Contractors (MAC) Jurisdictions**

| <b>Part A and Part B MAC Jurisdictions</b>                             |                                                                                                                                                                     |
|------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Wisconsin Physicians Service Insurance Corporation (WPS)</b>        | IA, IN, KS, MI, MO, NE                                                                                                                                              |
| <b>CGS Administrators, LLC</b>                                         | KY, OH                                                                                                                                                              |
| <b>First Coast Service Options, Inc</b>                                | FL, PR, US VI                                                                                                                                                       |
| <b>National Government Services, Inc (NGS)</b>                         | CT, IL, MA, ME, MN, NH, NY, RI, VT, WI,                                                                                                                             |
| <b>Noridian Healthcare Solutions, LLC,<br/>Jurisdiction JE</b>         | CA, HI, NV, American Samoa, Guam, Northern Mariana Islands                                                                                                          |
| <b>Noridian Healthcare Solutions, LLC,<br/>Jurisdiction JF</b>         | AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY                                                                                                                              |
| <b>Novitas Solutions, Inc</b>                                          | AR, CO, DC, DE, LA, MD, MS, NJ, NM, OK, PA, TX,                                                                                                                     |
| <b>Palmetto GBA</b>                                                    | AL, GA, TN NC, SC, VA, WV                                                                                                                                           |
| <b>DME MAC Jurisdictions</b>                                           |                                                                                                                                                                     |
| <b>CGS Administrators, LLC,<br/>Jurisdictions JB and JC</b>            | AL, AR, CO, FL, GA, IL, IN, KY, LA, MI, MN, MS, NM, NC, OH, OK, Puerto Rico, SC, TN, TX, VA, Virgin Island, WI, WV                                                  |
| <b>Noridian Healthcare Solutions, LLC,<br/>Jurisdictions JA and JD</b> | AK, American Soamoa, AZ, CA, CT, DE, DC, Guam, HI, ID, IA, KS, MA, MD, ME, MO, MT, ND, NE, NH, NJ, NV, NY, Northern Mariana Islands, OR, PA, RI, SD, UT, VT, WA, WY |

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### **Important Reminder**

BCBSM and BCN follow CMS Medicare coverage guidance to limit coverage to items and services that are reasonable and necessary for the diagnosis or treatment of an illness or injury or to improve the functioning of a malformed body member. Medicare Advantage Medical Policies list the criteria BCBSM and BCN use to decide which medical services are considered “reasonable and necessary” when Medicare coverage rules are not fully developed, or as otherwise may permitted by CMS Medicare regulations. Individual member benefit plan documents, such as the Evidence of Coverage and Annual Notice of Change, as well as applicable laws govern benefit coverage, including any inclusion, exclusion, and/or other restrictions.

Medicare Advantage Medical policies are created when permitted by CMS Medicare regulations, reviewed regularly, and may be revised periodically. BCBSM/BCN Medical Policies are proprietary and should not be copied or disseminated without the express, prior written approval of BCBSM. All providers are required to review applicable BCBSM reimbursement policies prior to claim submission and bill for covered services in accordance with those policies. Additionally, providers contracted with BCBSM or BCN’s Medicare Advantage network(s) should review the provider manual for any additional claim submission requirements. Providers not contracted with BCBSM or BCN’s Medicare Advantage network

may be required to submit documentation to BCBSM, BCN, or its delegated entity supporting billed claims, including but not limited to applicable medical records.

**Note:** U.S. Food and Drug Administration (FDA) approval for a specific indication or the issuance of a CPT code is not sufficient for a procedure to be considered medically reasonable and necessary. Similarly, the presence of a procedure/device code or payment amount for the service in the Medicare fee schedule does not necessarily indicate coverage. If a service is deemed not reasonable and necessary, to treat illness or injury for any reason (including lack of safety and efficacy because it is an experimental procedure, etc.), the procedure is considered not covered.

**Disclaimer:** This medical policy is not an authorization, certification, explanation of benefits, or a contract for the services, devices, or drugs that is referenced in the medical policy. Medical policies do not constitute medical advice and do not guarantee any results or outcomes or guarantee payment. The medical policy is not intended to replace independent medical judgment for the treatment of individuals. Treating physicians and health care providers are solely responsible for determining what care to provide to their patients. Identification of selected brand names of devices, tests and procedures in a medical coverage policy is for reference only and is not an endorsement of any one device, test, or procedure over another.

Pursuant to Section 1557 and Section 504, Blue Cross does not discriminate on the basis of race, color, national origin, age, disability, or sex (including sex characteristics, intersex traits; pregnancy or related conditions; sexual orientation; gender identity, and sex stereotypes). This includes our rules, benefit designs and medical policies.

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### BCBSM/BCN Medicare Advantage Policy History

| Policy Effective Date | UM Committee Approval Date | Comments                                                                  |
|-----------------------|----------------------------|---------------------------------------------------------------------------|
| 08/17/2024            | 07/17/2024                 | Medicare Advantage policy established                                     |
| 12/26/2025            | 11/26/2025                 | MA policy foundational language updated. Adoption of JUMP policy updates. |