

# Contraceptive devices

## Applies to:



**Blue Cross  
Blue Shield**  
of Michigan

A nonprofit corporation and independent licensee  
of the Blue Cross and Blue Shield Association

Medicare Plus Blue<sup>SM</sup> PPO  Medicare Plus Blue<sup>SM</sup> Group PPO  Both

## Contraceptive devices

Contraception is the means by which a male or female employs methods that will prevent pregnancy. Methods of contraception include the use of oral contraceptives, condoms, rhythm, spermicidal jellies or foam, diaphragms, intrauterine devices, progesterone-containing subcutaneous implants (Norplant®) and cervical caps. Most methods of contraception aren't 100 percent effective and some may have associated complications.

## Original Medicare

Original Medicare excludes from coverage contraceptive devices, surgical procedures related to contraceptive devices, and all contraceptive injectables.

## Medicare Plus Blue<sup>SM</sup> Group PPO enhanced benefit

Medicare Plus Blue is a Medicare 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 Cross to offer enriched plans by using Original Medicare as the base program and adding desired benefit options.

Coverage for contraceptive devices and related services is provided to members under select Medicare Plus Blue group plans. Because Original Medicare doesn't cover contraceptive devices, the scope of the benefit, reimbursement methodology, maximum payment amounts, and the member's cost-sharing are determined by the group. Coverage of contraceptive devices and related services is not available for members of Medicare Plus Blue PPO individual plans.

## Conditions for payment

This table below specifies payment conditions for contraceptive devices.

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	58300, A4261, A4266, J1050, J7300, J7301, J7303, J7304, J7306, J7307, J7297, J7298, S4981, S4989
Diagnosis restrictions	No restrictions
Age restrictions	

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[bcbsm.com/provider/ma](https://bcbsm.com/provider/ma)

## Reimbursement

Medicare Plus Blue Group PPO plan's maximum payment amount for the contraceptive device benefit is available on our provider website, [bcbsm.com/providers/help/faqs/medicare-advantage/provider-toolkit/enhanced-benefits.html](http://bcbsm.com/providers/help/faqs/medicare-advantage/provider-toolkit/enhanced-benefits.html) in the MA enhanced benefits fee schedule. The provider will be paid the lesser of the 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-sharing

- Medicare Plus Blue Group PPO providers should collect the applicable cost-sharing from the member at the time of the service when possible. Cost-sharing refers to a flat dollar copayment, a percentage coinsurance or a deductible. Providers can only collect the appropriate Medicare Plus Blue Group PPO cost-sharing amounts from the member.
- If the member elects to receive a non covered service, he or she is responsible for the entire charge associated with that service.
- Providers may not have members sign an ABN to accept financial responsibility for noncovered items. If there is any question about whether an item is covered, seek a coverage determination from Blue Cross before providing the item to the member. If a provider provides 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 utilize web-DENIS or call 1-866-309-1719.

## Billing instructions for providers

1. Bill services on the CMS 1500 (02/12) claim form or the 837 equivalent claim.
2. Use the Medicare Advantage PPO 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. Submit claims to your local Blue Cross plan.
6. Use electronic billing:
  - a. Michigan providers:

Copies of the ANSI ASC X12N 837 and 835 Institutional Health Care Claim and Health Care Claim Payment/Advice (Blue Cross Electronic Data Interchange (EDI) Institutional 837/835 Companion Document) are available on the Blue Cross website under the reference library section at: <http://www.bcbsm.com/providers/help/faqs/electronic-connectivity-edi.html>.

- b. Providers outside of Michigan should contact their local Blue Cross plan.

## Revision history

Policy Number: MAPPO 1005

Reviewed: 07/17/2017

Revised: 03/02/1016, 08/14/2015, 2012

03/02/2016: Removed statements about dates for use of ICD-9 versus ICD-10, updated HCPCS code list removed J7302 as it was end dated by CMS as of 12/31/15, added codes J7303, J7304, J7306, J7307 and new codes effective as of 01/01/2016 J7297 and J7298. Updated Original Medicare language for clarity.

08/14/2015: Updated formatting and billing instructions, added revision history section, removed reference to CAREN, updated HCPCS code list (removed end dated code J1055 replaced with J1050), updated web links.