

Medicare Advantage Health Maintenance Organization

Enhanced Benefit Policy



Blue Cross
Blue Shield
Blue Care Network
of Michigan

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

U of M – Contraceptive Devices

BCN AdvantageSM

Group
 Individual

Approval Date: 12/09/2025

Effective Date: 01/01/2026

Description

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

Medicare Coverage

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

Policy Guidelines

Blue Care Network (BCN) Advantage is a Medicare Advantage Plan Health Maintenance Organization (HMO), which 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 BCN to offer enriched plans by using Original Medicare as the base program and adding desired benefit options.

After searching the Medicare Coverage Database and other sources of conditions of coverage, it was determined that either Original Medicare does not provide coverage or has restrictions that have been modified or removed for the items/services found in this enhanced benefit policy.

Since Original Medicare doesn't cover contraceptive devices, the scope of the benefit, reimbursement methodology, maximum allowable payment amounts and member cost sharing are determined by BCN Advantage (Individual or the groups that select this benefit).

Hormonal contraception

Hormonal contraceptives include pills, injections, rings, patches, implants and intrauterine devices.

Oral contraceptive pills

The most common form of hormonal contraception is oral pills, which come in two varieties: a combined hormonal contraceptive pill, which contains estrogen and progesterone; and the progestin only pill which contains progesterone. The combination pill is composed of one type of estrogen (ethinyl estradiol), in various strengths; and many different forms and strengths of progestins. The progestin only pill is only available in one strength and one type of progestin.

Injection

The injection of depot-medroxyprogesterone acetate (DMPA) provides protection against pregnancy for up to three months.

Vaginal ring

The vaginal ring is placed in the upper vagina. It releases estrogen and progesterone continuously. It is worn for 21 days, removed for seven, and then replaced with a new ring.

Skin patch

The contraceptive skin patch is a weekly method of birth control that releases estrogen and progesterone through the skin and into the bloodstream. The patch follows a 28-day cycle. A patch is worn weekly for three weeks, then removed for a week.

Implant

The contraceptive implant is a flexible, thin, rod about the size of a matchstick that is placed under the skin of the upper arm. It releases a slow, steady dose of progesterone. The FDA has approved the implant for up to three years.

Intrauterine device - hormonal

The intrauterine device is a small, T-shaped device that is placed inside the uterus to prevent pregnancy. There are four IUDs that release levonorgestrel, a progestin, into the uterus. The FDA approves the use of these IUDs between three to seven years, depending on the specific device. The IUD is more effective than most forms of birth control.

Emergency contraception

Emergency contraception, also known as postcoital contraception, is therapy used to prevent pregnancy after unprotected or inadequately protected sexual intercourse. Common indications for emergency contraception include contraceptive failure (e.g., condom breakage or missed doses of oral contraceptives) and failure to use any form of contraception. Methods of emergency contraception include oral administration of combined estrogen-progestin, progestin only, or selective progesterone receptor modulators.

Non-hormonal contraception

Barrier methods

These methods physically prevent sperm from reaching the egg. Some methods may also protect against certain sexually transmitted diseases. Barrier methods include spermicides, condoms, diaphragm, cervical cap (Lea's Shield, FemCap), and a vaginal sponge with spermicide.

Intrauterine device – non-hormonal

The intrauterine device (IUD) is a small, T-shaped device that is placed inside the uterus to prevent pregnancy. Five IUDs are currently marketed in the United States: the copper containing IUD, and four hormone-releasing intrauterine devices (see section below). The copper IUD is made of polyethylene wrapped with copper wire around the stem and arms. Studies indicate that the copper IUD disrupts

sperm motility and viability. The U.S. Food and Drug Administration (FDA) has approved use of the copper IUD for up to 10 years.

The following is applicable for this enhanced benefit policy:

CPT/HCPCS Codes

| CPT/HCPCS Code(s): | Code Description: |
|---------------------------|---|
| 58300 | Insertion of intrauterine device (IUD) |
| A4261 | Cervical cap for contraceptive use |
| A4266 | Diaphragm for contraceptive use |
| J1050 | Injection, medroxyprogesterone acetate, 1 mg |
| J2760 | Injection, phentolamine mesylate, up to 5 mg |
| J7294 | Segesterone acetate and ethinyl estradiol 0.15 mg, 0.013 mg per 24 hours; yearly vaginal system, ea |
| J7295 | Ethinyl estradiol and etonogestrel 0.015 mg, 0.12 mg per 24 hours; monthly vaginal ring, ea |
| J7297 | Levonorgestrel-releasing intrauterine contraceptive system (Liletta), 52 mg |
| J7298 | Levonorgestrel-releasing intrauterine contraceptive system (Mirena), 52 mg |
| J7300 | Intrauterine copper contraceptive (Paragard) |
| J7301 | Levonorgestrel-releasing intrauterine contraceptive system (Skyla), 13.5 mg |
| J7304 | Contraceptive supply, hormone containing patch, each |
| J7306 | Levonorgestrel (contraceptive) implant system, including implants and supplies |
| J7307 | Etonogestrel (contraceptive) implant system, including implant and supplies |
| S4981 | Insertion of levonorgestrel-releasing intrauterine system |
| S4989 | Contraceptive intrauterine device (e.g., Progestasert IUD), including implants and supplies |

CPT® codes, descriptions and materials are copyrighted by the American Medical Association (AMA).

HCPCS® codes, descriptions and materials are copyrighted by Centers for Medicare and Medicaid Services (CMS).

ICD-10 Codes

| ICD-10 Code(s): | Code Description: |
|-----------------|-------------------|
| Not Applicable | |

ICD-10® codes, descriptions and materials are copyrighted by the World health Organization (WHO).

Conditions for payment

The table below specifies payment conditions for contraceptive devices.

| Conditions for Payment | |
|----------------------------|--|
| Eligible Provider | M.D., D.O., physician assistant, nurse practitioner, registered nurse, clinical specialist |
| Payable Location | Inpatient hospital, outpatient hospital, office |
| Frequency Limits | No restrictions |
| CPT/HCPCS Code Restriction | 58300, A4261, A4266, J1050, J2760, J7294, J7295, J7297, J7298, J7300, J7301, J7304, J7306, J7307, S4981, S4989 |
| Diagnosis Restrictions | No restrictions |
| Age Restrictions | No restrictions |

BCN Advantage Reimbursement

To find BCN Advantage plan's maximum payment amount for contraceptive devices, visit our provider portal, Availability Essentials™. Within Secure Provider Resources, click on BCN Fee Schedules under the Fee Schedules tab and follow the instructions. The provider will be paid the lesser of this 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

- BCN Advantage 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 BCN Advantage cost sharing amounts from the member.
- If the member elects to receive a noncovered service, he or she is responsible for the entire charge associated with the non-covered service.
- Providers may not have members sign an Advance Beneficiary Notice of Noncoverage to accept financial responsibility for noncovered items. If there is any question about whether an item is covered, seek a coverage determination from BCN Advantage before providing the item to the member. If a provider issues 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 our provider portal or call 1-800-344-8525.

Billing instructions for providers

1. Bill services on the CMS 1500 (02/12) claim form, UB-04 or the 837 equivalent claim form.
2. Use the BCN Advantage unique billing requirements.
3. Report CPT/HCPSCS codes and diagnosis codes to the highest level of specificity.
4. Report your National Provider Identifier number on all claims.
5. Send your electronic and paper claims to BCN Advantage.
6. Use electronic billing:
 - a. **Michigan Providers:** Copies of the ANSI ASC X 12N 837 and 835 Institutional Health Care Claim and Health Care Claim Payment/Advice (Blue Cross Electronic Data Interchange (EDI) Institutional 837/835Companion Documents) are available on the Blue Cross website under the reference library section at bcbsm.com/providers/help/edi/.
 - b. **Providers outside Michigan:** Members of BCN Advantage HMO-POS plans have a point-of-service benefit offered through the nationwide network of Blue Plan Providers via the Blue Cross and Blue Shield Association. Providers outside Michigan who participate with Blue plans can provide preauthorized routine and follow-up care as necessary. Contact your local Blue plan for billing instructions.
7. Send paper claims to:

BCN Advantage Claims Blue Care Network
P.O. Box 68753
Grand Rapids, MI 49516-8753

Government Regulations

National:

Not Applicable

Local:

Not Applicable

(The above information is current as of the review date for this policy. However, the coverage issues and policies maintained by the Centers for Medicare & Medicare Services (CMS) are updated and/or revised periodically. Therefore, the most current CMS information may not be contained in this document. For the most current information, please refer to CMS.gov website.)

References

1. *Medicare Benefit Policy Manual*
 - N/A
2. *Medicare Claims Processing Manual*
 - N/A
3. *Medicare Managed Care Manual*
 - *Chapter 4, section 40.4*
4. *Related internal Medical Policy*
 - N/A

Important Reminder

Medicare Advantage Enhanced Benefit 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. 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 Enhanced Benefit policies are created when permitted by applicable laws, reviewed regularly, and may be revised periodically. BCBSM/BCN Enhanced Benefit 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 supporting billed claims, including but not limited to applicable medical records.

Disclaimer: This Enhanced Benefit Policy is not an authorization, certification, explanation of benefits, or a contract for the services, devices, or drugs that is referenced in this Enhanced Benefit Policy. Enhanced benefit policies do not constitute medical advice and do not guarantee any results or outcomes or guarantee payment. The Enhanced Benefit Policy is not intended to replace independent medical judgment for 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.

Availability® is an independent company that contracts with Blue Cross Blue Shield of Michigan and Blue Care Network to offer provider portal and electronic data interchange services.

BCN Advantage Policy History

| Policy Effective Date | BCN Approval Date | Comments |
|-----------------------|-------------------|---|
| 01/01/2026 | 12/09/2025 | Separated U of M Contraceptive Devices & Sterilization policy paper into two papers, one for Contraceptive Devices and one for Sterilizations. Transferred to new template. |