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COVERED SERVICES

The primary goal of family planning services is to increase access to services which will allow improved reproductive and physical health, improve perinatal outcomes, and reduce the number of unintended pregnancies. Services available to individuals under this program include family planning and family planning-related services.

Family Planning Services

Medicaid covered family planning services include:

- Seven evaluation and management office visits per year for physical examinations for both males and females as it relates to family planning or family planning-related services;
- Contraceptive counseling (including natural family planning), education, follow-ups, and referrals;
- Laboratory procedures for the purposes of family planning and management of sexual health;
- Pharmaceutical supplies and devices to prevent conception, including all methods of contraception approved by the Federal Food and Drug Administration; and
- Male and female sterilization procedures and follow up tests.

Family Planning-Related Services

Family planning-related services include the diagnosis and treatment of sexually transmitted diseases or infections, regardless of the purpose of the visit at which the disease or infection was discovered.

Medicaid covered family planning-related services include:

- Diagnostic procedures to identify and diagnose a sexually transmitted disease (STD) or infection (STI);

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- Drugs and follow-up visits to treat a sexually transmitted disease, infection or disorder identified or diagnosed at a family planning visit, except for HIV/AIDS and hepatitis;
- Vaccine to prevent human papillomavirus (HPV);
- Treatment of major complications from certain family planning procedures, which may result in inpatient services, such as:
 - Treatment of a perforated uterus due to an intrauterine device (IUD) insertion;
 - Treatment of severe menstrual bleeding caused by a Depo-Provera injection requiring a dilation and curettage; or
 - Treatment of surgical or anesthesia-related complications during a sterilization procedure; and
- Non-emergency transportation services.

Return Visits

Return visits (excluding routine supply visits) include an assessment of the recipient's health status, current complaints, and an evaluation of birth control method and an opportunity to change these methods.

Pharmaceuticals and Supplies

The pharmaceuticals (drugs, supplies, and devices) covered in the outpatient pharmacy program for the family planning program includes all Federal Food and Drug Administration (FDA) approved contraceptives such as:

- Birth control pills and condoms;
- Intra uterine devices (IUDs);
- Implants and patches; and
- Diaphragms and spermicides.

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There are select drugs which are covered by Take Charge Plus for the treatment of sexually transmitted diseases (STDs) and sexually transmitted infections (STIs).

Service Limitations

A limit of **SEVEN evaluation and management office visits per calendar year** (including initial visit and subsequent visits) has been established for services provided by physicians, nurse practitioners, and/or physician assistants, based on approved procedure codes (see Appendix B for information on accessing the Take Charge Plus Fee Schedule).

Primary Care Services (Non-Covered)

Primary care services **are not covered** by Take Charge Plus. However, if a need for primary care services is identified during a family planning or family planning-related visit, the health care provider is responsible for informing the recipient that these services are not covered.

Examples of non-covered services include but are not limited to:

- Mammograms
- Hysterectomy
- Emergency room visits

Sterilization

Sterilizations must comply with Medicaid program requirements. Please refer to Section 5.1 of the Professional Services provider manual for the entire sterilization policy.

Recipients who have received sterilization services under Take Charge Plus will only receive family planning-related services in connection with, or as a result of, the sterilization visit.

NOTE: Refer to Appendix A for a list of diagnosis codes.