

420 - FAMILY PLANNING SERVICES AND SUPPLIES

EFFECTIVE DATES: 10/01/94, 01/10/18, 10/01/18, 04/01/21, 10/01/22, 10/01/24

APPROVAL DATES: 02/01/99, 10/01/01, 04/01/04, 08/01/05, 04/01/07, 10/01/08, 11/01/08,
01/01/09, 02/01/11, 10/01/13, 04/01/14, 10/01/15, 11/16/17, 07/11/18,
04/06/21, 09/09/22, 08/26/24

I. PURPOSE

This Policy applies to ACC, ACC-RBHA, ALTCS E/PD, DCS CHP (CHP), and DES DDD (DDD) Contractors; Fee-For-Service (FFS) Programs including: the American Indian Health Program (AIHP), Tribal ALTCS, and all FFS populations, excluding Federal Emergency Services Program (FESP). (For FESP, refer to AMPM Chapter 1100). This Policy establishes requirements regarding family planning services and supplies.

II. DEFINITIONS

Refer to the [AHCCCS Contract and Policy Dictionary](#) for common terms found in this Policy.

III. POLICY

The Family planning services and supplies, when provided by the appropriate family planning providers, are covered for members, regardless of gender, who voluntarily choose to delay or prevent pregnancy. The maternity care providers also provide family planning services and supplies. The Services provided should be within each provider's training and scope of practice. The Family planning services and supplies include covered medical, surgical, pharmacological, and laboratory benefits specified in this Policy. Covered services also include the provision of accurate information and counseling to allow the members to make informed decisions about specific family planning methods available, as specified in this Policy. The members may choose to obtain family planning services and supplies from any appropriate provider regardless of whether or not the family planning service providers are network providers. The Contractor shall not require prior authorization to allow members to obtain family planning services and supplies from an out-of-network provider.

A. AMOUNT, DURATION, AND SCOPE

Members whose eligibility continues may remain with their existing maternity provider or exercise their option to select another provider for family planning services and supplies.

1. The Covered family planning services and supplies for members include the following medical, surgical, pharmacological, and laboratory services as well as contraceptive devices (including Intrauterine Devices (IUDs) and subdermal implantable contraceptives):
 - a. Contraceptive counseling, medication, and/or supplies, including, but not limited to oral and injectable contraceptives, LARC (Long-Acting Reversible Contraceptive) (including placement of Immediate Postpartum Long-Acting Reversible Contraceptives [IPLARC]), diaphragms, condoms, foams, and suppositories,

- b. Associated medical and laboratory examinations and radiological procedures, including ultrasound studies related to family planning, and
 - c. Treatment of complications resulting from contraceptive use, including emergency treatment.
- 2. Natural family planning education or referral to qualified health professionals.
- 3. Post-coital emergency oral contraception within 72 hours after unprotected sexual intercourse (mifepristone, also known as Mifeprex or RU-486, is not post-coital emergency oral contraception).
- 4. Sterilization:
 - a. Clarification related to hysteroscopic tubal sterilization:
 - i. The Hysteroscopic tubal sterilization is not immediately effective upon insertion of the sterilization device. It is expected that the procedure will be an effective sterilization procedure three months following insertion. Therefore, during the first three months the member must continue using another form of birth control to prevent pregnancy, and
 - ii. At the end of the three months, it is expected that a hysterosalpingogram will be performed confirming that the member is sterile. After the confirmatory test, the member is considered sterile.
- 5. Coverage for the following family planning services are as follows:
 - a. Pregnancy screening is a covered service,
 - b. Pharmaceuticals are covered when associated with medical conditions related to family planning or other medical conditions,
 - c. Screening and treatment for Sexually Transmitted Infections (STI) are covered services for members, regardless of gender,
 - d. Sterilization services are covered regardless of member's gender when the requirements specified in this Policy for sterilization services are met (including both laparoscopic and hysteroscopic tubal sterilizations, if available), and
 - e. Pregnancy termination is covered only as specified in AMPM Policy 410.
- 6. Limitations:

The following are not covered for the purpose of family planning services and supplies:

 - a. Infertility services including diagnostic testing, treatment services and reversal of surgically induced infertility,
 - b. Pregnancy termination counseling,
 - c. Pregnancy terminations except as specified in AMPM Policy 410, and
 - d. Hysterectomies for the purpose of sterilization.

Refer to AMPM Policy 310-L for hysterectomy coverage requirements.

Refer to AMPM Policy 820 for prior authorization requirements for FFS providers.

B. CONTRACTOR REQUIREMENTS FOR PROVIDING FAMILY PLANNING SERVICES AND SUPPLIES

The Contractor shall ensure that service delivery, monitoring, and reporting requirements are met.

The Contractor shall:

1. Plan and implement an outreach program to notify members of reproductive age of the specific covered family planning services available and how to request them. Notification shall be as specified in ARS 36.2904(L). The information provided to members shall include, but is not limited to:
 - a. A complete description of covered family planning services and supplies available, including counseling regarding availability and benefits/risks of LARC and IPLARC,
 - b. Information advising how to request/obtain these services,
 - c. Information that assistance with scheduling is available,
 - d. A statement that there is no co-payment or other charge for family planning services and supplies as specified in ACOM Policy 431, and
 - e. A statement that medically necessary transportation services as specified in AMPM Policy 310-BB is available.
2. Have policies and procedures in place to ensure that family planning providers, including maternity care providers, are educated regarding covered and non-covered services, family planning services and supplies, including LARC and IPLARC options.
3. Have family planning services and supplies that are:
 - a. Provided in a manner free from coercion or behavioral/mental pressure,
 - b. Available and easily accessible to members,
 - c. Provided in a manner which assures continuity and confidentiality,
 - d. Provided by, or under the direction of, a qualified physician or practitioner, and
 - e. Documented in the medical record. In addition, documentation shall be recorded that each member of reproductive age was notified verbally or in writing of the availability of family planning services and supplies.
4. Incorporate medical audits for family planning services within quality management activities to determine conformity with acceptable medical standards.
5. Establish quality/utilization management indicators to effectively measure/monitor the utilization of family planning services.
6. Have written practice guidelines that detail specific procedures for the provision of LARC/IPLARC. (For more information on LARC, see “Arizona DRG Payment Policies” on the AHCCCS website at www.azahcccs.gov). These guidelines shall be written in accordance with acceptable medical standards.

7. Implement a process to ensure that, prior to insertion of intrauterine and subdermal implantable contraceptives, the maternity care provider has provided proper counseling to the eligible member to increase the member's success with the device according to the member's reproductive goals.
8. Develop and implement a process for monitoring, evaluating, and improving provider compliance to ensure that members are tested for syphilis at least annually, beginning at age 15 years.

C. CONTRACTOR PROTOCOL AND REQUIREMENTS FOR MEMBER NOTIFICATION OF PROVIDING FAMILY PLANNING SERVICES

The Contractor is responsible for providing family planning services and supplies and notifying members regarding the availability of covered services. The Contractor shall establish processes to ensure the sterilization reports specified in this Policy comply with the procedural guidelines for encounter submissions.

AHCCCS will notify all members eligible under the pregnancy category who become ineligible for full health care coverage. In addition, AHCCCS will provide information about AHCCCS covered family planning services and supplies to include:

1. The Member notification of these covered services shall meet the requirements in AMPM Exhibit 400-3 and the following minimum requirements:
 - a. As specified in ARS 36-2904(L), the Contractor shall notify members of reproductive age either directly or through the appropriate Health Care Decision Maker (HCDM), whichever is most appropriate, of the specific covered family planning services and supplies available to them, and a plan to deliver those services to members who request them. Notification shall include provisions for written notification, other than the member handbook, and verbal notification during a member's visit with the member's primary care physician or primary care practitioner,
 - b. For pregnant members, family planning notifications shall be sent by the Contractor prior to the end of the second trimester and include information on LARC/IPLARC,
 - c. The notification of family planning services and supplies shall include provision for written notification in addition to the member handbook and the member newsletter. Communications and correspondence dealing specifically with notification of family planning services are acceptable methods of providing this information. Refer to AMPM Exhibit 400-3 and ACOM Policy 404 and 406 for further details,
 - d. The Contractor shall conform to confidentiality requirements as specified in 45 CFR 164.522(b) (i and ii),
 - e. The Notification is to be given by the Contractors at least once a year and shall be completed by November 1st. For members who enroll with a Contractor after November 1st, notification shall be sent at the time of enrollment,
 - f. The Contractor notification shall include all the family planning services and supplies covered through AHCCCS as well as instructions to members regarding how to access these services and supplies,

- g. As with other member notifications, notifications shall be written at an easily understood reading level,
- h. The communications and correspondence shall be approved by AHCCCS,
- i. The Notification shall be presented in accordance with cultural competency requirements as specified in ACOM Policy 405,
- j. The Contractor shall monitor compliance to ensure that maternity care providers verbally notify members of the availability of family planning services during office visits, and
- k. The Contractor shall report all members less than 21 years of age, undergoing a procedure that renders the member sterilized, using Attachment B, as specified in Contract. Documentation supporting the medical necessity for the procedure shall be submitted with the reporting form.

D. FEE-FOR-SERVICE NOTIFICATION AND FAMILY PLANNING PROVIDER REQUIREMENTS

- 1. During office visits with a primary care provider or primary care practitioner, FFS members of reproductive age or the member's HCDM, whichever is most appropriate, shall be provided verbal notification of the availability of covered family planning services and supplies. The FFS primary care provider or primary care practitioner shall plan to deliver covered family planning service options as requested by the member or HCDM.
- 2. The Maternity care providers shall verbally notify FFS members of the availability of family planning service options during office visits,
- 3. The Notification of the availability of covered family planning service options shall be communicated in a manner that is easily understood by the FFS member.
- 4. The FFS Providers shall report all members less than 21 years of age, undergoing a procedure that renders the member sterilized, using Attachment B. Documentation supporting the medical necessity for the procedure shall be submitted to the Division of Fee-For-Service Management (DFSM) with the completed reporting form.
- 5. AHCCCS will notify all members eligible under the pregnancy category who become ineligible for full health care coverage of the availability of AHCCCS covered family planning services and supplies.
- 6. The FFS providers of family planning services and supplies shall make referrals to appropriate medical professionals for services that are beyond the scope of family planning services. Such referrals are to be made at the family planning provider's discretion. If the member is eligible for full health care coverage, the referral must be made to an AHCCCS registered provider.

E. STERILIZATION

The following AHCCCS requirements regarding member consent for covered sterilization services apply to Contractors and FFS providers as specified in 42 CFR 441.250 et seq.

1. The following criteria shall be met for the sterilization of a member to occur:
 - a. The member is at least 21 years of age at the time the consent is signed (Attachment A),
 - b. The member has not been declared mentally incompetent,
 - c. Voluntary consent was obtained without coercion, and
 - d. 30 days, but not more than 180 days, have passed between the date of informed consent and the date of sterilization, except in the case of a premature delivery or emergency abdominal surgery. Members may consent to be sterilized at the time of a premature delivery or emergency abdominal surgery, if at least 72 hours have passed since they gave informed consent for the sterilization. In the case of premature delivery, the informed consent shall have been given at least 30 days before the expected date of delivery.
2. Any member requesting sterilization shall sign an appropriate consent form (Attachment A) with a witness present when the consent is obtained. Consent for sterilization is not required for the placement of LARC or IPLARC. Suitable arrangements shall be made to ensure that the information in the consent form is effectively communicated to members with limited English proficiency or reading skills and those with diverse cultural and ethnic backgrounds, as well as members with visual and/or auditory limitations. Prior to signing the consent form, a member shall first have been given a copy of the consent form and offered factual information that includes all of the following:
 - a. Consent form requirements as specified in 42 CFR 441.250 et seq.,
 - b. Answers to questions asked regarding the specific procedure to be performed,
 - c. Notification that withdrawal of consent can occur at any time prior to surgery without affecting future care and/or loss of federally funded program benefits,
 - d. Advice that the sterilization procedure is considered to be irreversible,
 - e. A thorough explanation of the specific sterilization procedure to be performed,
 - f. A description of available alternative methods,
 - g. A full description of the discomforts and risks that may accompany or follow the performing of the procedure, including an explanation of the type and possible effects of any anesthetic to be used,
 - h. A full description of the advantages or disadvantages that may be expected as a result of the sterilization, and
 - i. Notification that sterilization cannot be performed for at least 30 days post consent.
3. Sterilization consents may **NOT** be obtained when a member:
 - a. Is in labor or childbirth,
 - b. Is seeking to obtain, or is obtaining, a pregnancy termination, or
 - c. Is under the influence of alcohol or other substances that affect that member's state of awareness.