

# Reimbursement Guidelines

## Contraception

This guideline is in reference to Samaritan Health Plan Operations' products for services performed by contracted providers. Payment for covered services rendered by contracted providers will be reimbursed at the contracted rate. This reimbursement guideline does not apply to inpatient per diem, DRG, or case rates. Samaritan Health Plan Operations reserves the right to amend a payment guideline at its discretion. CPT and HCPCS codes are updated annually. Always use the most recent CPT and HCPCS coding guidelines.

### RELATED REIMBURSEMENT DOCUMENTS:

Preventive Benefits Table; Modifier Pricing Table; CMS NCCI Edits; Prior Authorization List, PRC-11 Contracted Provider Types Policy; Formularies

## DEFINITIONS

**Contraception** – The use of various devices, drugs, agents, or surgical procedures to prevent conception or pregnancy.

**Sterilization** – A form of birth control. All sterilizations are meant to be permanent.

**Therapeutic abortion** – Abortion induced because of the mother's physical or mental health, or to prevent the birth of a deformed child or a child conceived as a result of rape or incest.

**Family Planning** – Allows people to attain their desired number of children and determine the spacing of pregnancies. It is achieved through use of contraceptive methods and the treatment of infertility.

## GUIDELINE

### SHPO reimburses:

- SHPO reimburse medically necessary hysterectomies with an authorization.
- SHPO reimburses Contraceptives administered through the Pharmacy benefit or through an office visit
- SHPO reimburses sterilization.
  - IHN-CCO only reimburses sterilization when a consent form is fully completed by a physician and the member before services are rendered.
- All Commercial plans, and Samaritan Choice Plans reimburse abortion with an authorization and only when Medically Necessary and when the life of the mother is in jeopardy.
- All Commercial plans and Samaritan Choice Plans reimburse Therapeutic Abortions with an authorization only when the pregnancy constitutes a threat to the physical or mental health of the mother and/or fetus.
- IHN-CCO reimburses many over the counter items when billed by a pharmacy.
  - IHN-CCO does not reimburse over the counter items through the direct member reimbursement process.

### SHPO does not reimburse:

- IHN-CCO does not reimburse elective and therapeutic (medically necessary) abortions, even if coded emergent. These services should be billed directly to the Oregon Health Plan.
- IHN-CCO and Samaritan Advantage Health Plan do not reimburse hysterectomies performed for the sole purpose of sterilization.
- SHPO does not reimburse experimental or investigational birth control/contraceptive services.
- All Commercial plans and Samaritan Choice Plans do not reimburse abortions for any reason other than Medically Necessary or Therapeutic.
- All Commercial plans, Samaritan Choice Plan, and Samaritan Advantage plan do not reimburse for over the counter birth control methods.
- Samaritan Advantage Health Plan does not cover sterilization for contraceptive purposes.

## PREREQUISITES

- Payment is based on member benefits, place of service where service was provided, provider type delivering the service (credentialed vs. ancillary provider type), eligibility, medical necessity review, and SHPO provider contractual agreements.
- Commercial plans require a preauthorization for therapeutic abortions and hysterectomies.
- IHN-CCO requires a consent form for sterilization services.

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### MEMBER COST-SHARING

- Contraception/Birth Control is considered a preventive service and is provided to the member at a \$0.00 cost share for all lines of business when provided by an in-network provider, based on the Prescription ID dispensed or the CPT/HCPC code and modifier billed.

### PROVIDER BILLING GUIDELINES AND DOCUMENTATION

CPT/HCPC Codes	Description	Comments
58565	Hysteroscopy Sterilization	IHN CCO requires a consent form. For all lines of business Inpatient/Outpatient Facility fees may apply.
58600	Division of Fallopian Tube	For all lines of business Inpatient/Outpatient Facility fees may apply.
58605	Division of Fallopian Tube	For all lines of business Inpatient/Outpatient Facility fees may apply.
58615	Occlude Fallopian Tube(s)	For all lines of business Inpatient/Outpatient Facility fees may apply.
58611	Ligate Oviduct(s) Add-on	For all lines of business Inpatient/Outpatient Facility fees may apply.
58670	Laparoscopy Tubal Cautey	For all lines of business Inpatient/Outpatient Facility fees may apply.
58671	Laparoscopy Tubal Block	For all lines of business Inpatient/Outpatient Facility fees may apply.
58340	Catheter for Hysterography	
74740	Hysterosalpingography, radiological supervision and interpretation	
58300	Insert Intrauterine Device	
A4264	Intratubal Occlusion Device	
J7300	Intrauterine Copper Contraceptive	

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<b>CPT Code</b>	<b>Description</b>	<b>Comments</b>
<b>J7298</b>	Levonorgestrel IU 52 mg 5 yr	
<b>S4989</b>	Contraceptive Intrauterine device	
<b>Q0090</b>	SKYLA 13.5 mg	
<b>S4981</b>	Insert Levonorgestrel IUS	
<b>11981</b>	Insert drug implant device	
<b>11983</b>	Remove/insert drug implant	
<b>J7306</b>	Levonorgestrel Implant System	
<b>J7307</b>	Etonogestrel Implant System	
<b>A4260</b>	Levonorgestrel Implant	
<b>S0180</b>	Etonogestrel Implant System	
<b>57170</b>	Fitting of diaphragm/cervical cap	
<b>J1050</b>	Medroxyprogesterone Acetate	
<b>J1051</b>	Medroxyprogesterone Injection	
<b>J1055</b>	Medrxypogester Acetate injection	
<b>J1056</b>	MA/EC Contraceptive Injection	
<b>S4993</b>	Contraceptive Pills for birth control	
<b>J7304</b>	Contraceptive Hormone patch	
<b>J7303</b>	Contraceptive Vaginal Ring	

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<b>A4266</b>	Diaphragm	
<b>ICD-10 Diagnosis Codes</b>	<b>Description</b>	<b>Comments</b>
<b>Z30.41</b>	Encounter for surveillance of contraceptive pills	
<b>Z30.431</b>	Encounter for routine checking of intrauterine contraceptive device	
<b>Z30.42</b>	Encounter for surveillance of injectable contraceptive	
<b>Z30.49</b>	Encounter for surveillance of other contraceptives	
<b>Z30.018</b>	Encounter for initial prescription of other contraceptives	
<b>Z30.019</b>	Encounter for initial prescription of contraceptives, unspecified	
<b>Z30.40</b>	Encounter for surveillance of contraceptives, unspecified	
<b>Z30.8</b>	Encounter for other contraceptive management	
<b>Z30.9</b>	Encounter for contraceptive management, unspecified	
<b>Z30.2</b>	Encounter for sterilization	
<b>Z98.51</b>	Tubal ligation status	
<b>Z30.430</b>	Encounter for insertion of intrauterine contraceptive device	
<b>Z30.014</b>	Encounter for initial prescription of intrauterine contraceptive device	

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<b>Z30.433</b>	Encounter for removal and reinsertion of intrauterine contraceptive device	
<b>Z97.5</b>	Presence of (intrauterine) contraceptive device	
<b>T83.31xA</b>	Breakdown (mechanical) of intrauterine contraceptive device, initial encounter	
<b>T83.32xA</b>	Displacement of intrauterine contraceptive device, initial encounter	
<b>T83.39xA</b>	Other mechanical complication of intrauterine contraceptive device, initial encounter	
<b>T83.59xA</b>	Infection and inflammatory reaction due to prosthetic device, implant and graft in urinary system, initial encounter	
<b>T83.6xxA</b>	Infection and inflammatory reaction due to prosthetic device, implant and graft in genital tract, initial encounter	
<b>Z30.013</b>	Encounter for initial prescription of injectable contraceptive	
<b>Z30.011</b>	Encounter for initial prescription of contraceptive pills	
<b>Z79.3</b>	Long term (current) use of hormonal contraceptives	

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<b>ICD10 Procedure Codes</b>	<b>Description</b>	<b>Comments</b>
<b>0U574ZZ</b>	Destruction of Bilateral Fallopian Tubes, Percutaneous Endoscopic Approach	
<b>0U578ZZ</b>	Destruction of Bilateral Fallopian Tubes, Via Natural or Artificial Opening Endoscopic	
<b>0UL74ZZ</b>	Occlusion of Bilateral Fallopian Tubes, Percutaneous Endoscopic Approach	

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<b>OUL78ZZ</b>	Occlusion of Bilateral Fallopian Tubes, Via Natural or Artificial Opening Endoscopic	
<b>OUL74CZ</b>	Occlusion of Bilateral Fallopian Tubes with Extraluminal Device, Percutaneous Endoscopic Approach	
<b>OUL74DZ</b>	Occlusion of Bilateral Fallopian Tubes with Intraluminal Device, Percutaneous Endoscopic Approach	
<b>OUL78DZ</b>	Occlusion of Bilateral Fallopian Tubes with Intraluminal Device, Via Natural or Artificial Opening Endoscopic	
<b>OUH97HZ</b>	Insertion of Contraceptive Device into Uterus, Via Natural or Artificial Opening	
<b>OUH98HZ</b>	Insertion of Contraceptive Device into Uterus, Via Natural or Artificial Opening Endoscopic	
<b>OUHC7HZ</b>	Insertion of Contraceptive Device into Cervix, Via Natural or Artificial Opening	
<b>OUHC8HZ</b>	Insertion of Contraceptive Device into Cervix, Via Natural or Artificial Opening Endoscopic	
<b>National Drug Codes (NDC)</b>		

Please see the appropriate formulary for line of business at the following link: <https://providers.samhealthplans.org/care-management/pharmacy/formularies-and-prior-authorization>

### ELIGIBLE PROVIDER TYPES

- Primary Care Physicians
- OB/GYN
- In Network Family Planning Clinics
- County Health Departments
- In Network Pharmacies

### DOCUMENTATION REQUIREMENTS

- For IHN-CCO the original sterilization consent form must be retained in the clinical records and submitted with the claim and retained in the medical record.

## RESOURCES

OHA Effective Contraceptive Use guidance document:

<http://www.oregon.gov/oha/analytics/CCODData/Effective%20Contraceptive%20Use%20Guidance%20Document.pdf>

OHA Effective Contraceptive Use Technical Specification:

[http://www.oregon.gov/oha/analytics/CCODData/Effective%20contraceptive%20use%20-%202016%20\(revised%20Aug%202016\).pdf](http://www.oregon.gov/oha/analytics/CCODData/Effective%20contraceptive%20use%20-%202016%20(revised%20Aug%202016).pdf)

OHA Effective Contraceptive Use – 2016 Numerator Code Table:

<http://www.oregon.gov/oha/analytics/CCODData/Effective%20contraceptive%20use%20-%202016%20Numerator%20Code%20Table.pdf>

OHA Effective Contraceptive Use – 2016 NDC code Table:

[http://www.oregon.gov/oha/analytics/CCODData/Effective%20contraceptive%20use%20-%20NDC%20Code%20Table%20-%202015%20and%202016%20\(revised%20Nov%202015\).xls](http://www.oregon.gov/oha/analytics/CCODData/Effective%20contraceptive%20use%20-%20NDC%20Code%20Table%20-%202015%20and%202016%20(revised%20Nov%202015).xls)

SHPO Preventive Care Service Guideline:

<https://providers.samhealthplans.org/-/media/SHP/Documents/Providers/Preventive-Care-Services-Guidelines.pdf?la=en>

## PUBLICATION HISTORY

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