THE OHIO STATE UNIVERSITY
HEALTH PLAN

Subject: Birth Control   **Revision Date:** 7/24

POLICY

The Affordable Care Act requires certain preventive health services and screenings to be covered by all non-grandfathered health insurance plans without cost-sharing. This means that, for the preventive health care services included, a covered person will not be charged a co-payment, coinsurance, or deductible. It is the intent of the OSU Health Plan (OSUHP) to assure appropriate coverage for all FDA-approved contraceptive categories as required by the Affordable Care Act. This also includes services related to follow-up, management of side-effects, patient education and counseling for adherence related to the provision of the contraceptive method.

OSU Health Plan covers at least one FDA-approved contraceptive in each category without cost sharing. Reasonable medical management techniques to control cost and utilization apply, such as:

1. Full coverage for formulary generic methods and required cost sharing for formulary brand methods.
2. Coverage for over the counter (OTC) methods at point of service when purchased through the pharmacy benefit plan with a prescription, or after purchase when submitted to the third-party administrator (TPA) with prescription and claim form.
3. An exceptions process to ensure a member can access a contraceptive that the attending provider has determined to be medically appropriate.

APPLICABILITY

This policy applies to all FDA-approved contraceptive methods for birth control required by the Affordable Care Act. **It does not apply to vasectomies, male condoms, or other forms of male contraception and sterilization.**

PROCEDURE

The TPA and pharmacy benefit manager (PBM) administer coverage of contraceptives for OSUHP according to the following guidelines:

- PBM:
    - All methods (including OTC) purchased through the pharmacy benefit plan require a physician prescription.
    - The PBM formulary is available at https://hr.osu.edu/wp-content/uploads/rx-esi- formulary.pdf.
    - OSUHP will administer the exceptions process for contraceptives provided through the pharmacy benefit according to the following guidelines:
        - The requested medication is being prescribed primarily for prevention of pregnancy; and
        - The requested medication is FDA-approved; and
        - According to the prescriber, the requested medication is medically necessary.

- TPA:
    - All medical claims submitted with ICD-10 codes Z30.011 – Z30.9 and a CPT and/or HCPCS code listed in Table A are covered at 100%.
    - All OTC methods listed in Table A can be submitted to the TPA with a physician prescription, medical claim form, and receipt. This includes the Natural Cycles app.
    - Network requirements apply per plan guidelines, except for OTC contraception methods.
    - OSUHP will administer the exceptions process for contraceptives provided through the medical benefit according to the following guidelines:
        - The requested contraceptive method is being prescribed primarily for prevention of pregnancy; and
        - The requested contraceptive method is FDA-approved; and
        - The requested contraceptive method is only available through the medical benefit (e.g., it cannot be dispensed by an outpatient pharmacy); and
        - According to the prescriber, the requested contraceptive method is medically necessary.

Table A – Covered Birth Control Methods Through the TPA and PBM

Birth Control Method	Medical Benefit (TPA) [ICD-10: Z30 – Z30.9]	Pharmacy Benefit (PBM)
Sterilization surgery for women	58600, 58604, 58611, 58615, 58661, 58670, 58671, 58700, 81025	Not applicable
Surgical sterilization implant	58565, 81025, A4264 (e.g., Essure)	Not applicable
Implantable rod	11976, 11981, 11982, 11983, 81025, J7306, J7307 (e.g., Nexplanon)	Refer to ESI formulary
IUD (copper)	58300, 58301, 81025, J7300	Refer to ESI formulary
IUD (with progestin)	58300, 58301, 81025, J7296, J7297, J7298, J7301	Refer to ESI formulary
Shot or injection	81025, 96372, J1050 (e.g., Depo Provera)	Refer to ESI formulary
Oral contraceptives (combined pill)	Not applicable	Refer to ESI formulary
Oral contraceptives (progestin only)	Not applicable	Refer to ESI formulary
Oral contraceptives (extended cycle/continuous use)	Not applicable	Refer to ESI formulary
Patches	Not applicable	Refer to ESI formulary
Vaginal contraceptive rings	Not applicable	Refer to ESI formulary
Diaphragms	A4266	Refer to ESI formulary
Sponges	A4269	Refer to ESI formulary
Cervical caps	A4261	Refer to ESI formulary
Female condoms	A4268	Refer to ESI formulary
Spermicide	A4269	Refer to ESI formulary
Emergency contraception (levonorgestrel)	S9443	Refer to ESI formulary
Emergency contraception (progestin blocker)	S9443	Refer to ESI formulary

Software application	A9293	Not applicable
	(e.g., Natural Cycles)	
Patient education and counseling	99401, 99402, 99403, 99404	Not applicable

REFERENCES

U.S. Centers for Medicare & Medicaid Services. (n.d.). Health benefits & coverage – Birth control benefits. https://www.healthcare.gove/coverage/birth-control-benefits/

U.S. Departments of Labor, Health and Human Services, and Treasury. (2024). FAQs about affordable care act implementation part 64. https://www.cms.gov/files/document/faqs-part-64.pdf

U.S. Food and Drug Administration. (2024). Birth control guide (chart). https://www.fda.gov/media/150299/download